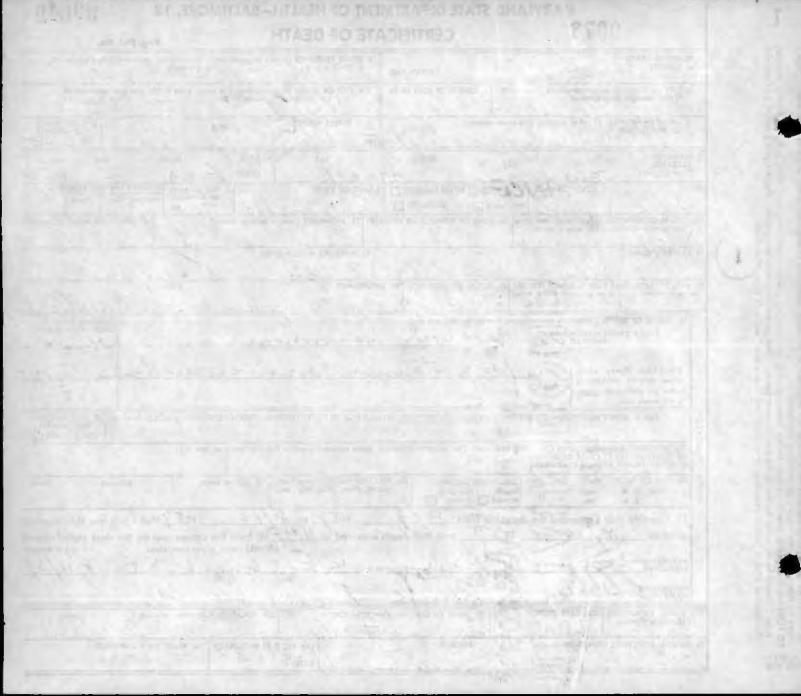
VS A1S (4) 1SM 9/S5 06

9078

CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MUNICIPAL b. COUNTY LANGLE MARYLAND
	b. CHY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
1	d. NAME OF HOSPITAL (IF not in haspital, gife street address) OR INSTITUTION ON A FARM? YES NO IS NO IS
3	NAME OF DECEASED (Type or print) GRAYY #. Middle Angell Cost Aug 10 1959
9	SEX 6. COLOR OR SACE 7. MARRIED NEVER MARRIED BOATE OF BIRTH MALL WIDOWED DIVORCED MIDOWED DIVORCED WIDOWS DIVORCED WIDOWS DIVORCED WIDOWS DIVORCED WIDOWS Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 1 (If yes, give wor or dote of service) Address Address
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] Interval between Interval betwee
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carebral Homorphage 4 4 5 hr. Conditions. if ony, which gove rise to immediate cotice (a), stating the under-lying couse lost. (c) DUE TO DUE TO (c)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING C
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED How o. m. 19 At white at work at work at work 19 At
	21. I certify that I attended the deceased from \$ \frac{9}{9}, \text{ to } \frac{8}{10} \tag{0}, \text{ to } \frac{8}{10} \text{ from the causes and an the date stated above.}
Andrew State of the State of th	ACTUAL HERRY V. Chase M.D. 4 E-Church St 8/11/59
12	PHYSICIAN'S HEMFY . Chase Freder CV MS. 20. BURIAL CREMATION, 22b. DATE PHEREOF / 12c. NAME OF CEMETERY OF CREMATORY 12d. LOCATION (City, town, or county), (Stole)
	Benoval (Specific) ang, 13,50 Pleas get Valley are hilstrumbe, my RD #7
	ADDRESS ADDRES



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9114

CERTIFICATE OF DEATH

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Pen	Dist	No	

	reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give neares! town)
Woodsboye Life	X Moodsboro
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print) A First Middle La 277 a Y	Bayrick A. DATE Month Doy Year Of DEATH Quey 22 1959
S. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 10st birthday) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. TATHERS NAME	14. MOTHER'S MAIDEN NAME
1 John Barrich	Laura P. Long
[Yes, no. or unknown] (If yes, give wor or dates of service)	INFORMANT Address Woodsboro
710 2/7-03-5377	Mrs. Margaret Barrick Md.
18. CAUSE OF DEATH (Enler only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORO	NARY THROMBOSIS INTERVAL BETWEEN OF THROMBOSIS
4-20, / DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate cosse (a), stating the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY TERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS LINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour c. m. While of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from AURC (2)	
alive an 726 1257, and that deat	th accurred at 4:15 A M, from the causes and an the date stated above.
SIGNATURE SIGNATURE SIGNATURE	M.D. MELLESS (Street, city or town, state) DATE SIGNED M.D. MELLESS (Street, city or town, state) DATE SIGNED M.D. M.D. MARTINES (Street, city or town, state) DATE SIGNED
PHYSICIAN'S ERNEST A. DETTBARN	/
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) A 49, 24, 57 THOSE	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23 FONERED DIRECTOR'S SIGNATURE WELL LY COORES STORE	242. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE Cuthun S. Three
Jugara & Meskalla Man all	allan laure was

the Read of the best of the A. C. Called South Control Section 1. TOTAL TELE The second secon

ADDRESS

240. REC'D BY REGISTRAR

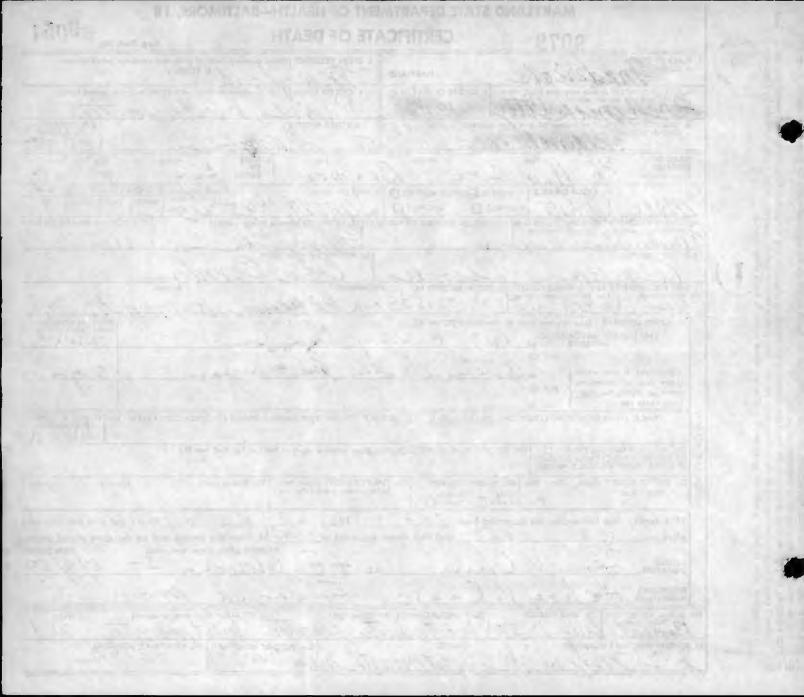
DATE

1 2 '59

24b. REGISTRAR'S SIGNATURE

Circhan S.

PONERAL DIRECTOR'S SIGNATURE



death: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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U	V	U	U	6

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Frederick		MAR	YLAND	2. USUAL RESID	ence (where		d. If instituti b. COUNTY				ion)
b. CITY OR TOWN (If outside corporate FURAL and give nearest town)	e limits, write	Life	IN 15		reder:	ide corporate l	imits, write R	URAL ond	give nea	rest fown	1)
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION Frederick Memorial	ital, give street L Hospit	oddress)		d. STREET AL		dison S	treet				PARM?
3. NAME OF DECEASED (Type or print)	First EORGE	DeWIT'		BIGGS	1	OF DEATH	Mor	ugust	; 12		Yeor 19 59
5. SEX 6. COLOR OR R White	ACE 7. MARE	NEVER MARRIED DIVORCE		DATE OF BIRTH		9. At	GE (In years birthday) O / yrs.	Months	Days	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION (Give kind of a during most of working life even if re Retired Finisher	work done 10b. etired)	KIND OF BUSINESS OF Brush Compa		and a	CE (Stole or)	7-00	ISA	F WHAT	COUNTRY
13. FATHER'S NAME E. H. Biggs				14. MOTHER'S Clare	MAIDEN NA L Nusz	ME					
15. WAS DECEASED EVER IN U. S. ARMED (Yet go. or unknown) Yes (If yet give your or dot)	to at coming	SOCIAL SECURITY NO 214-10-1790		formant s. Grace	R. B	iggs (S	ame as		1 #2)	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	JE TO (b) JE TO (c)	artero s	rele	pre	,	one	<u>a-</u>		2	ps.	79
PART 11. OTHER SIGNIFICANT DEL 200. ACCIDENT WAS UNDERLYING DE CONTRIBUTING DE CAUSE OF DE CHERRE, NOTIFY MEDICAL EXAMIN		CRIBE HOW INJURY C						EN IN PAR	T 1(o) 15	PEREO	NO
=		NJURY OCCURRED Not while at work	20e, PLA	EE OF INJURY (H Dry, street, office	ome, farm, bldg., etc.)	20f. (City or to	wn)	(County)		(State)
21. I certify that I attended alive an	2, 19=	7, and that	death	Fred	O:40A A. Mar erick,	M, from the portess (street, ket St. Md.	city or town,	and an t	he dat	e slate	ed abave
220. BURIAL, CREMATION, 226. DATE THE BUT 181 8-17-		Arlingto			2m • 2	Et. My	City, town,	or county)		(State	2)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & S	Son, Fr	ADDRESS ederick, M	d.		24a. REA'D	Tregists &		STRAR'S SI			

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours ofter death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the haspital or attending physician. TO HOSPITAL OF TO FUNERAL DIS VS A15 (4) 15M 10/57

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TO HOSPITAL OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be rationally the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove comben pages I and 2 should be filled with fler death permit. Then please remove in any event within 72 hours, removol, and

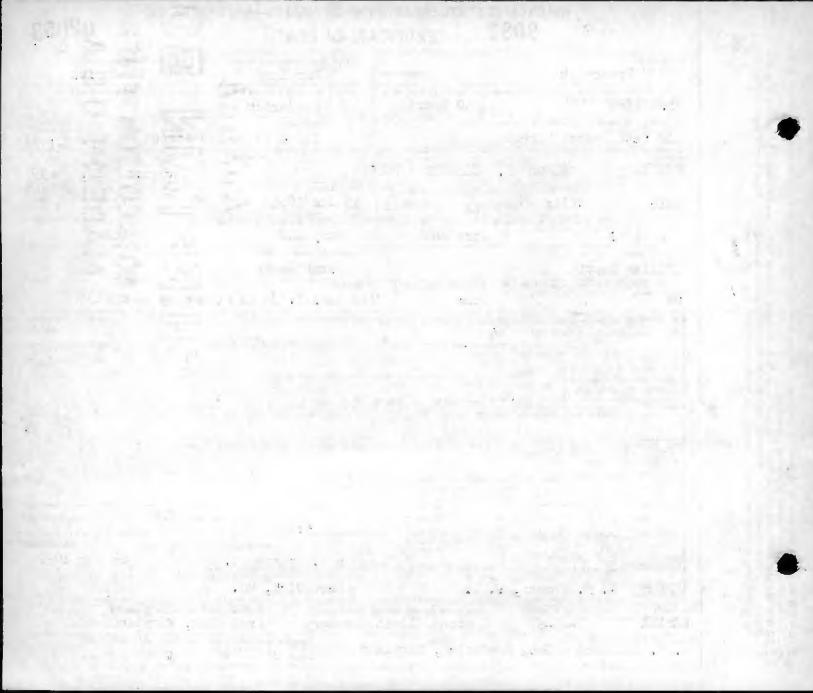
the registror prior to burial, cremotion, ar

VS A15 (4) 1SM 9/SB

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 PROP

		-	001	CERTIFIC	AI	E OF DEAT	П		Reg. Di	st. No.		00
1.	PLACE OF DEATH	derick		MARYLANG	11	USUAL RESIDENCE (W		l lived. If instituti b. COUNTY		deri		ion)
	FURAL ENTIRE TECH	f autside corporate lim arest town)	its, write	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick							
	118 East	AL (If not in hospitol, Church Str	give street eet	oddress)		d. STREET ADDRESS 118 Ea	st Chu	rch Stre	et		e. IS RES ON A YES	FARM?
3.	NAME OF DECEASED (Type or print)	GEORGE	S.	CLINTON BC	PST	Lost	4. DATE OF DEATH	Mor Au	gust	22	*	Year 1959
5.	Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED EDXXX DIVORCED] 8. D	ate of Birth 15 Jan 1865		9. AGE (In years last pirthday) yrs.	Months	1 YEAR Days	Hours	Min.
10	during most of work	ON (Give kind of work king life, even if retired	done 10b.	kind of Business or in Merchant	DUSTRY	11. BIRTHPLACE (Stote Maryland	or fareign co	ountry)		SA	WHAT	OUNTRY
13.	William Bo	opst			1	4. MOTHER'S MAIDEN Sarah Lea			15.			
15. (Y	NO unknown)	R IN U. S. ARMED FO (If yes, give wor or dates of	service)	SOCIAL SECURITY NO.		rmant s Edna I. B	Bopst	(Same as	item	#1,)	
	1	TH [Enter only one c TH WAS CAUSED BY: IMMEDIATE CAUSE (1.	ne for (o), (b), and (c).]	ler	mha	0 0			INTI	ERVAL BE	DEATH
	33/X Canditions, if a		b)				8			6	7	iv
	gove rise to it couse (a), stating lying couse last.	L DITE TO	ar	Cerio S	~	long	s					
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	NDITIONS	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO THE TERM	AINAL DISEASI	CONDITION GIV	VEN IN PAR	T 1(a) 1	9. WAS PERFO YES	AUTOPSY DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	RED. (E	inter nature of injury in	Part I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJUR Have a.m. p. m.	Y Manth, Doy, Ye	While at wo	Not while	PLACE	OF INJURY (Home, far , street, office bldg., et	m, 20f. (City c.)	or town)	{1	County)		(State)
	21. I certify the alive on	at I attended the	decease 195	sed fram and that dec	th oc	curred at 5:100	M, fram	reet, city or town,	nd on the		stated	
	PHYSICIAN'S E			D.		Frederick						
	BREMOVAL (Specify)	8-25-59		Mount Olive	et C	emetery		rick, Ma	rylan		(Sta	(0)
23	M. R. Etch	s signature ison & Son	, Fre	derick, Maryl	and	24g. REC	UG 2 7 '5		istrar's si			



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24	Pag	QGe	, <u>e</u>	
iffin	Sixe	65	Œ.	
3	he ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral	rr's Office along with form PM3. Page 5 mg	RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the regis	
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29	61	L	L D	
TO DEPUTY M. CAL EXAMINER: This mentificate shauld be axamuted within 24 hours after death. If any delay	cute the ce	ded	ERA	DAD
DEP	te tl	LWG	S.	ren
0	D.	ā	0	0
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 09054

1		PLACE OF DEATH O. COUNTY Free	derick		MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Frederick							
	t	b. CITY OR TOWN (If outside corporate limits, write EUIIAL c. LENGTH OF STAY IN 1b rederick Years				town (If	autside corpore	ate limits, write	RURAL	nd give n	earest fo	wn)	
P	0		Memorial l		oitol, give street oddress)	d. STREET 242		Sevent	h Stre	et		ON	A FARM?
	- (NAME OF DECEASED (Type or print)	Fin COI		Middle JANE	BURNS		4. DATE OF DEATH	Man	Augus	t 7,		9 59
	5. \$	Female	6. COLOR OR RACE White	7. MARRIE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTI		9.	AGE (In years 1975 1976.	Months	R IYEAR Days	Hours	ER 24 HRS. Min,
}	ć	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) Retired Sewing Factory Employee					ACE (State ylanc		try)	12. CI	USA	WHAT	COUNTRY?
		FATHER'S NAME Julius Wat	kins	14. MOTHER'S		st Name	Unknow	n)					
	15. (Yes	NO DECEASED EVE	R IN U. S. ARMED FOI If yes, give war or dates of s	ervice)		Mrs. Bill	Lie D.	Burns	(Same	_	em#	2)	
		PART I. DEATH	I (Enter only one could WAS CAUSED 87: MMEDIATE CAUSE (a) DUE TO y, which) (b)	se per line f	or (o), (b), and (c).]	base	090	3 Kull	?		INTE	VAL BETWI	EEN ATH
		gave rise to immedi (o), stating the un couse last.	ate cause									ł	
0	CERT.FICATION	PART II, OTHE			NTRIBUTING TO DEATH BU					VEN IN PA		PERFO	AUTOPSY RMED? NO 🔼
	MEDICAL CERT.F	20g. EXTERNAL CAUS PRIMARY To GON CAUSE OF DEATH. 20c. TIME OF INJURY	IKIBUIING	Jun 20d. 11		(Enter nature of in A Ation PLACE OF INJURY (polyery, street, office	Hame, farm	120F. (City or	1	(C	ounty)		(State)
	MEC	21. I certify the			Treat willing	ozone		trades	ection 🛛	Fred	eria icu [7]	k)	Mal find that
			_], Accident [], S		lomicide	PARTIE	etermined		_	and	inia inai
		ACTUAL SIGNATURE	BOTho	me	4	M.D		AMINER				DATE \$	CEMDI
		EXAMINER'S NAME (Type)	B. O. Thom	as, M.	D.			AL EXAMINER []	9 A	lug 1	959	
	220	BUT 131 (Specify)	8-10-59	F	Bethesda Ce			Brown:	N (City, town, ingsvil	or county)	laryl	and	e)
		FUNERAL DIRECTOR'S M. R. Etch:		, Fred	lerick, Maryl	and		BY REGISTRAI UG 1 1 '59		STRAR'S S		_	

VS. A15ME(5) 5M 9/55



death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



CERTIFICATE OF DEATH Rea, Dist. No. death. Page 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution,-Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWNLIS outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ORINSTITUTION ON A FARM? YES THE NO D NAME OF Middle 4. DATE hzan (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthdoy) Months WIDOWED I 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Mance awyer puo elle) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT All yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY-ZURANA IMMEDIATE CAUSE (6) MUZX DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p m. 21. I certify that I attended the deceased from. 19519, that I last saw the deceased and that death occurred at AM, from the causes and an the date stoted above DATE SIGNED ACTUAL SIGNATURE shauld NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Fort Lincoln Cemetery Burial E attsville. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) DANNIG 4 Cirilian & Thomas TSM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Mount Olivet Cemetery

Maryland

24b. REGISTRAR'S SIGNATURE Orthur & Thomas

 ${f Frederick}.$

24g. REC'D BY REGISTRAR

DATE AUG 3 1 '59

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

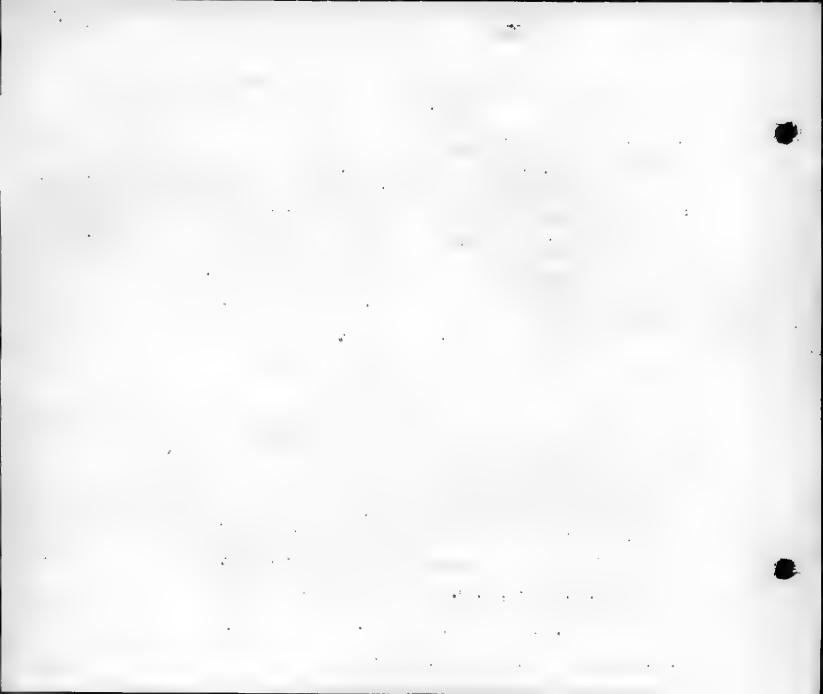
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VS A1S (4)

ISM 9/SB

Aug.29.1959

M. R. Etchison & Son, Frederick, Maryland



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<u>=</u>		VN (If outside carporate limitive nearest town)	s, write c. LENGTH OF STAY I		TOWN (If outside corp	orole limits, write f		All the latest the lat
5	Freder		hours	× M	iddletown			
d 2 short	d. NAME OF H OR INSTITUT Frederi	OSPITAL (If not in hospital, 9 ION CK Memorial	Hospital	d. STREET				e. IS RESIDENCE ON A FARM? YES INO 図
ő	3. NAME OF DECEASED	Fire	1 Middle	le	ost 4. DATE	Moi	ith D	y Year
£	(Type or print)	Georg	e Thomas	Davi		1 8	6	159
5	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	D 🔯 8. DATE OF BIR	тн	9. AGE (In years lost birthday)	Months Days	REUNDER 24 HRS
ė _	male	white	WIDOWED DIVORCED	2/20/	1900	59 ym.	Months Days	HOURS Min.
degoth.	office	working life, even if relired	Jone 10b. KIND OF BUSINESS OF	nt Ma	ryland	country}	12. CITIZEN O	S.
\$ \$ _	13. FATHER'S NAM		V		S MAIDEN NAME			
ye o		<u>ferson Davi</u>		Sa	rah Stewa			
L D O	15. WAS DECEASE	DEVER IN U, S ARMED FOR-	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	*** *** *	Add		
3 5	no				F. Davis	, Middl		Md.
t. Then plecy event withi	PART 1	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		y Nes	norta	90		ERVAL BETWEEN SET AND BEATH COULT
nsit permit.	gove rise	to immediate DUE TO	arterio	Sele	rosis			
burial-transil	STATE OF THE STATE		DITIONS CONTRIBUTING TO DEA				VEN IN PART 1(0)	PERFORMED? YES NO
ة ة ق		IT WAS UNDERLYING ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OF					
cremation	Hour o	NJURY Month, Doy, Yeo i. m j. m	While Not while of work of work	20e. PLACE OF INJURY factory, street, offi	(Home, form, 20f. [Cite bldg , etc.)	ty or town)	(County)	(State
be detached iar ta burial,	1 1	y that I attended the	par .	Heath occurred o	CYS AM, fro		and an the do	aw the deceasite stated above PATE SIGN
page 3 shauld he registrar pr	PHYSICIAN'S NAME (Type)	VJE	mer H	ARP		7	haryl	211
90e	220. BURIAL, CREA	ecify)		TERY OR CREMATORY		ATION (City, town,		(State)
χ÷	DUTIAL 23 FUNERAL DIRE	8/8/19	59 Ft. Greet	ı M.E. Cei	netery B		STRAR'S SIGNATU	nd
5 (4)			Middletown	Md	DATE AUG 1 0		Albur & H.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9085

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) rural e. IS RESIDENCE ON A FARM? YEST NO 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Union Bridge INTERVAL BETWEEN

ONSET AND DEATH 3 claim

(County)

11, 1959, that I last saw the deceased 7-19 M, from the causes and an the date stated above ADDRESS (Street, city or town, slote)

22d LOCATION (City, town, or county)

(Stote)

PERFORMED? YES NO

(Stote)

09059

Creage!

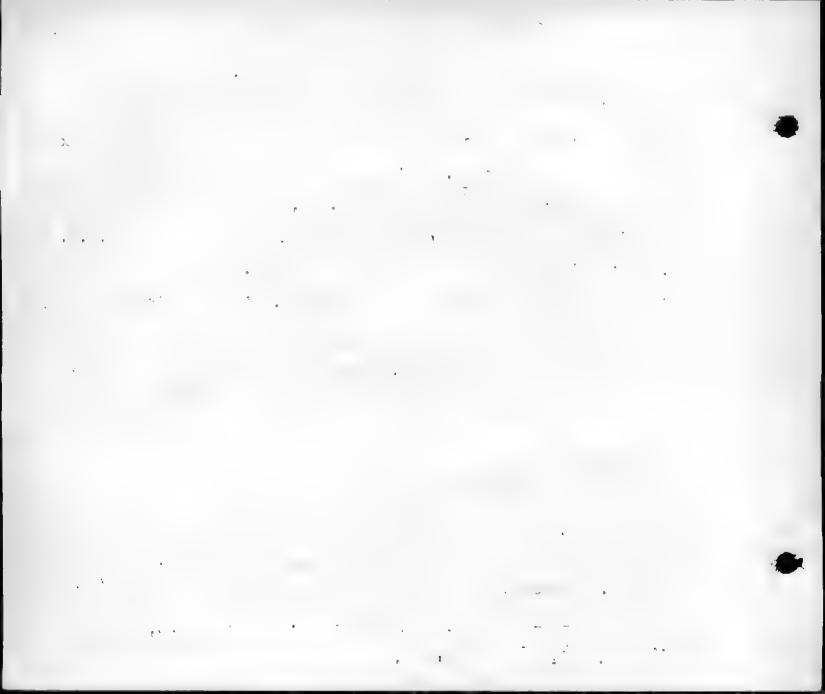
aymond

Thurmont.

DATE AUG 1 7 '59

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/SB



ath. After-this copy of this

the registrar within 72 hours after death, in by the funeral director, the third con

AME 1-58 10M.

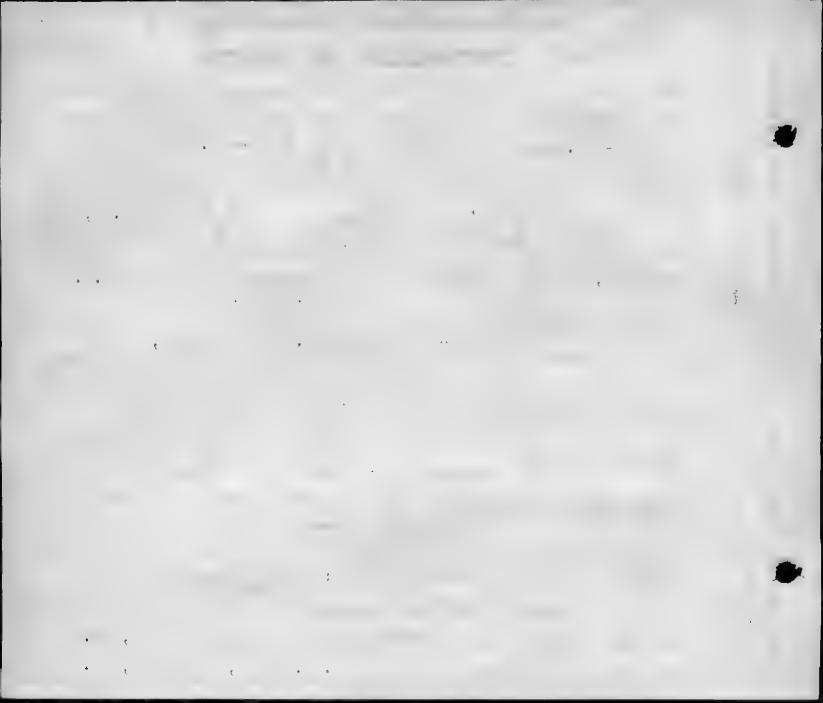
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9116 CERTIFICATE OF DEATH

					R	eg. Dist. No.	*****************	
1. PLACE OF DEATH				2. USUAL RESIDE	NCE (HOME) OF D	ECEASED		
COUNTY Frederi	ck	MARYE	AME	STATE Marvland COUNTY Frederick				
CITY (If outside corporate timi		LENGTH O	FSTAY	CITY (If outside con	porate limits, write RURAL e			
OR end give neerest town) TOWRUTAL Mt.	Airv	(in this p	(ece)		lMt. Air	-		
HOSPITAL OR	32223			STREET	(If rural of	ve location)		
INSTITUTION OR STREET ADDRESS				ADDRESS	(111111)			
3. NAME OF (FI	rsl)	(Middle)		(Lest)	4. DATE (Mo	nth) (Day)	(Yeer)	
(Type or Print) JOH	I M	T .	FOX		OF DEATH	AUG. 9	1959	
S. SEX 6. COLOR OR			8. DATE O	F BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
male white	WIDOWED,	DIVORCED, Ved	10-1	9-1882	76 yrs.	Months Days	Hours Min.	
100. USUAL OCCUPATION (GIVE ki	nd of work 10b.	KIND OF BUSINES		11. BIRTHPLACE (Stete or for		12. CITIZ	EN OF WHAT	
done during most of working I Carpenter, ref	tired ge	or industry		Maryland		U.S	TRY?	
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
Ho	oward For	ζ.		Katie Sw	omley			
IS. WAS DECEASED EVER IN U. S.		16. SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS			
(Yes, no, or unk.) (If Yes, give we	ir or dates of service)	219-20-	2396	Mrs. Pau	l Tressler	same		
I DISEASES OR CONDITIONS DIRI ##################################	(A) 5) DUE TO NY, (B) USE DUE TO	TH 16. MEI	me	rification reardia buichy	f Deger		ERVAL BETWEEN SET AND DEATH	
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN	D TO THE							
196. DATE OF OPERATION	195. MAJOR FINDIN	GS OF OPERATION	4			20 YES	O. AUTOPSY?	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH OF INJURY stre	iome, ferm, fector, et, office bldg., etc.	3 2	Ic. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)	
21d, TIME OF INJURY (Month) (IRRED while work	21f. HOW DID INJURY OCC	UR?			
22. I hereby certify tha					-9- , 19.53			
	19.55	and that death	occurred at	5			/8.	
SIGNATURE	1/1/	6		ADI	DRESS (Street, city, tow	vn, slete)	DATE SIGNED	
CO. BURNEY CREWATION	J./V	129.9	M.D	allesso	n Dry	51 00	489-19	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF		CEMETERY OR		LOCATION (City, tow		(Stete)	
BURIAL	8-11-1959		erent P	airmount	Libertyt	fown, Md.		
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNAT	URE		25. FUNERAL DIRECTOR'		ADDRESS		

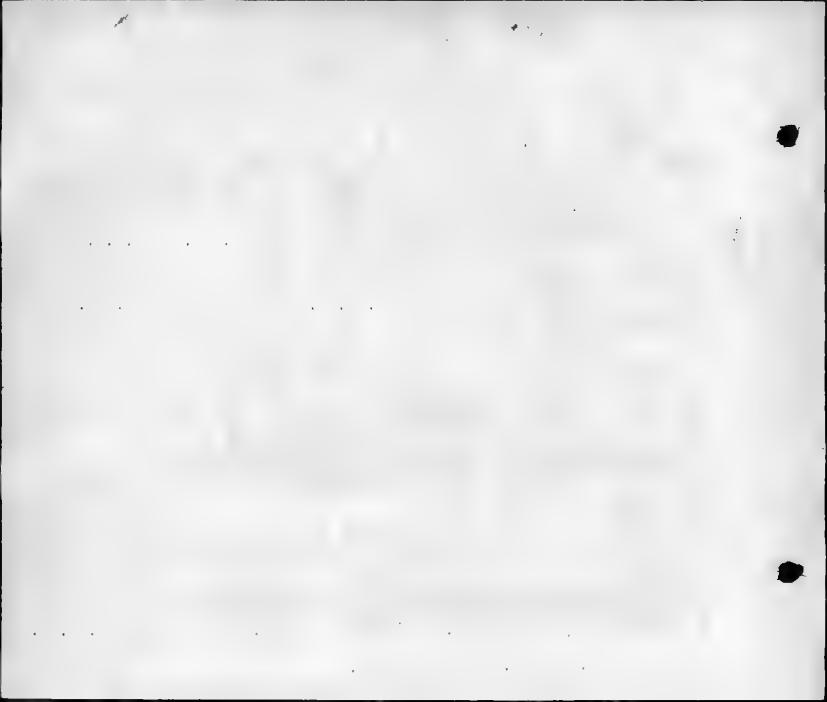


VS A15 (4) 15M 9/55

MARY	LAND	STATE	DEPAR
908	LAND	1 11	ERTIF

RTMENT OF HEALTH—BALTIMORE, 18

			CHITITI		116 01 067	***	•		Re	g. Dist.	No.	
1. PLACE OF DEATH	ederick		MARYLA	UND	2 USUAL RESIDENCE STATE Marylan	e (Wh	ere decaase				rick	ision)
	If outside corporale limits.	write	c. LENGTH OF STAY IN	1.16	c CITY OR TOWN [If outside corporate limits, write RURAL and g					va)		
RURAL ond give n			3 weeks		/Rural-		versv			give grid	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
d NAME OF HOSPIT	TAL (If not in hospital, give	street o			d. STREET ADDRE		ACTRA	1110			e. IS RE	SIDENCE
OR INSTITUTION	Water St.	Pri	vate home		Route #	1					ON.	A FARM?
3. NAME OF DECEASED	First		Middle		Losi		4. DATE		Menth		Doy	Yeor
(Type or print)	STELLA	1	MAE	G(OUKER		DEATH		Augu		5	1959
5. SEX	6. COLOR OR RACE 7	- MARRI	ED NEVER MARRIED		B. DATE OF BIRTH			9. AGE (In lost birth		inder 1 Y	FAR IF UND	
female	77222200	VIDOWEI			- T	87		80	yrs.		71 110018	PATE
during most of wor	ON (Give kind of work do king life, even if retired)	ne 10b. K	CIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State (or foreign c	punlry)		12. CITIZE	N OF WHA	T COUNTRY
hose	wife		own home		Frede	ri	ck Co	. Md.		U.S	Α.	
13. FATHER'S NAME					14. MOTHER'S MAIL	EN N	AME					
Mana	ssas Rice				Nancy A	mb:	rose					
	R IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17, H	NFORMANT				Address			
no			none	M	c. E. B.	Got	uker,	Mye	rsvi	lle.	Md.	
18. CAUSE OF DEA	ATH [Enler only one cous	e per lini	e for (a), (b), and (c).]	1		1		***************************************			INTERVAL B	ETWEEN
PART I, DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (OL.	Q	erebia	1	11/01/1	1)	05/5			(O A	12.17
DUKK	DUE TO											7
Conditions, if a	ny, which) (b)_											U
gove rise to i	mmediote (
lying couse lost.	(c)_											
PART II OTI	HER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE	rermii	NAL DIŞEAS	E CONDITIO	N GIVEN I	N PART I	o) 19. WAS	AUTOPSY ORMED?
PART II, OTI	uperten	SIV	e Cara	10	- Vasaulo	7 1	Clis	3005	0] NO []
200. ACCIDENT WA	O CAUSE OF DEATH MEDICAL EXAMINER	Ob. DESC	RIBE HOW INJURY OCC	URREC). (Enler noture of inju	ry in P	ort I or Por	t II of clem	IB)			
		204 151	JURY OCCURRED 2	On PLA	ACE OF INJURY (Home	form	206 (636)	or town)		15	-4-3	(Slole)
20c. TIME OF INJUS Hour e. m. p. m.	19	While of work	Not while	foc	tory, street, office bldg	., elc.)	Dr IOWN]		(Cou	utyj	(Signa)
21 I certify th	nat I attended the d	lecense	d from A h. Vi	1 /	1 1954 10	1	tind.	5 1	954 / th	at Lias	t saw the	decease
alive on	1/22.4	19 3	(1), and that d	leath	occurred at 12	1/5	AM from		- 1			ted above
	7	1-0	7		occorred della	,		Ireet, city or			/ p	ATE SIGNE
ACTUAL SIGNATURE	Sex will !	1.1	"will of	2	MD +1	5 3	Cx	lc/C	11/4	<u> </u>	3/5/	517
PHYSICIAN'S NAME (Type)	Bernard	6.	-1/10rha	S	Sto Fo	(}	181.	cK,	4/1	/		
220. BURIAL, CREMATIC	N. 226 DATE THEREOF		22c. NAME OF CEMET	ERY O	R CREMATORY		239 FOCY,	TION (City,	town, or co	untyj	(Sto	ole)
REMOVAL (Specify) Burial	July 7,1	959	St.John	1s	Lutheran		Nr. N	Ive rs	v111e	Fr.	ed.Co	Md.
23. FUNERAL DIRECTOR	SSIGNATURE 4	1	ADDRESS				BY REGIST	RAR 24b	REGISTRA			
Pau	TE BILL	cce	Mversvill.	۵.	Ma DAT)UA ₃	7 5	9	arthur	d. Ha	aud	
			The state of the s	-								



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09062

CERTIFICATE OF DEATH

X

death. Page 4

may be retain. Why the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysician and completely filled in by the funeral directory page 3 shauld be detached for use as the burial-transit permit. Then please removementon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. ITENDING PHYSICIAN: Tile law requires that the death certificate bill executed within 24 hours

TO HOSPITAL 9 VS A15 (4) 15M 9/58

		Keg. Dist. No.
PLACE OF DEATH O. COUNTY Frederick MARYLAN	A STATE RAIN WATE I IN 19 A	ceased lived. If institution, Residence before admission) b. COUNTY HPECIFICK
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside	corporate limits, write RURAL and give nearest town)
Brunswick 30 years	Brunswick	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e 15 RESIDENCE ON A FARM?
North Virginia Avenue	North Virgi	inia Avenue YES NEC
3. NAME OF First Middle DECEASED (Type or print) Charles David Green	1 0	ATE Month Day Year OF 8 - 1 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	1-10-1895	OLL yrs Manths Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	, ,	eign country) 12 CITIZEN OF WHAT COUNTRY?
Retired Car man B.&.O.R.R.C	. Virginia	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
David Clinton Green		Margarete
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT	Address
[If yes, no. or unknown] [If yes, give wor or dates of service]	Clyde Green.Br	runswick, Maryland.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	When Ocal	ON TENAND DE
1420.1 DUE TO	7	
Conditions if any which)	alien	Acxes
gove rise to immediate		
lying cause last	2 Jours	1963
	UT NOT RELATED TO THE TERMINAL E	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Part II. OTHER SIGNIFICANT CONDITIONS CONTRACTING TO DEATH		PERFORMED? YES NO 12-
	RED. (Enter noture of injury in Port !	
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20	f. (City or town) (County) (State)
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. While Not while at work at work at work	foctory, street, office bldg , etc.)	_
21. I certify that I attended the deceased from	10/8/10-53	10 Shot I lest som the deserred
	th occurred at 24M, t	, 19 Ahot I last sow the deceosed
olive on		from the couses and an the date stated above. ESS (Street, city or town state) ### DATE SIGNED
ACTUAL	191	wildred the Stop
SIGNATURE	M.D.	
PHYSICIAN'S J.G.F.Smith	Brunswi	ck, Maryland.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	OR CREMATORY 22d	LOCATION (City, town, or county) (State)
Burial 8-4-59 St. Marks	Cem. P	etersville, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY	1=0
Brunswick, Maryla	nd. DATE AUG 5	159 Cirthur S. Kraus



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death	2 0	-
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may be retain.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the fune page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be registror prior to burial, crematian, ar removal, and in any event within 72 hourt-offer death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O V5 A1S (4) 1SM 9/SB

	300	, 0	CERT	IFICA	TE OF D	EAI	Н		Reg. D	ist. No		
1. PLACE OF DEATH	rederick		MAR	YLAND	2 USUAL RESID		Where decesses	b COUNTY	_	nce befo		ion)
b. CITY OR TOWN (IF		its write	c. LENGTH OF STA	V IN 15	c CITY OR TO			rate limits, write R				2)
RURAL and give ned	arest fawn)		32 Years		1/		ederick		O NOTE OFFI	g.r.c		,
d. NAME OF HOSPITA		iva straat	the.		/ d. STREET AL		edelick	•			e IS RES	IDENCE
OR INSTITUTION	atrick Str				1		Patrick	Street			ON A	FARM?
3. NAME OF DECEASED	Fir	rst	Middl	e	Last		4. DATE OF	Mon	th	Do		Year
(Type or print)	GHE	RMAN	BENSON		HAINE	ES	DEATH	Aug	ust	18,		1959
S. SEX	6. COLOR OR RACE	7- MARI	RIED NEVER MARE	IED 🔲	B. DATE OF BIRTH	ļ		9 AGE (In years last birthday)			IF UNDE	1
Male	White	WIDOW	ED DIVORC	ED 🔲	October	24,	1883	75 yrs.	Months	Doys	Haurs	Min,
10a. USUAL OCCUPATIO	N (Give kind of wark	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (Stol	he ar foreign c	ountry)	12 CI1	FIZEN OF	WHATC	OUNTRY
Engineer	ng life, even if retired		Hospital		Mar	vlar	nd		I	JSA		
13. FATHER'S NAME			1100proce		14. MOTHER'S	V -						
Coonac	W Waines	-					nnie Ru	nkles				
15. WAS DECEASED EVER	H. Haines		SOCIAL SECURITY N	O [HA	JFORMANT	13% 177	HILE 100	Add	rate			
(Yes, no, or unknown) (I	fyes, give wor or dates of s	ervice)			-	. 17	Unimag			. #2		
No	No		15-26-8336	_	* NeTTI	е п.	names	-Same as	工作品	11 17 2		
	TH Enter only one co	iuse per li	ne for (o), (b), and (c		, ,		0.	-	-		ERVAL BE	
PART I DEAT	H WAS CAUSED BY-)	arule	Co	erdia	-0-6	morre	restor		2	- Marie	سار
422.1	DUE TO										_	
Conditions, if on	y, which) (b	. /	*aralo?	rec	cul		al and			1	07-	20
gove rise to in	mediate Durit										/_	
lying cause lost.	he under-											
	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THETER	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
ATIC			-								PERFO YES	RMED?
PART II OTH	HNDERLYING IT	20h DES	CRIBE HOW INJURY	OCCUPPED) (Enter polyre of	inmese is	n Port Lot Por	t II of item 183			163	140 [2
OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	100.013	CRIDE FIOTE WOOK!	OCCORNE	, (ENIO HOIOIC G	mary "						
		- 1001		100 DL 6	or or himself	t	1000 (01)					100.
20c. TIME OF INJURY	Month, Day, Ye	or 20d. I While	NJURY OCCURRED Nat while	fac	CE OF INJURY (Flary, street, affice	bldg., e	rm, 201. (C.ity ifc.)	ar tawn)		(County)		(Stale
¥ p.m.	19		k at work				1					
21. I certify the	t I attended the	deceas	ed from . 35-	The Cast	, 19445	ta.4	Rusa	18, 1959	hat I I	ast sav	v the d	ecease
alive an			59, and the									
	3		gr 11/11/ 01/0 11/0	,				treet, city or town,				E SIGNE
ACTUAL	RITT				Profes	ssio	nal Bui	lding	, i	-	8/18,	/195
SIGNATURE		200	7-10-6	- ·	W.D.							
PHYSICIAN'S NAME (Type)	B. O. Thoma	as. M	. D.		Frede	rick	. Maryl	Land				
22g. BURIAL, CREMATION REMOVAL (Specify)			Mount Ol			r.		TION (City, lown,			(Stot Land	6}
DUFTEL	Aug.21,19	フフフ		TAGC	vemeter.			rick,				
23. FUNERAL DIRECTOR'S		222 T	ADDRESS	Masser	land	24a. REG	C'D BY REGIST	IRAR 245. REGI	STRAR'S S	IGNATU	RE	
M. R. EUC	chison & So	JII, F	rederick,	Mary.	ranin	DATE		EQ (- Ilma	9 Ha	and.	



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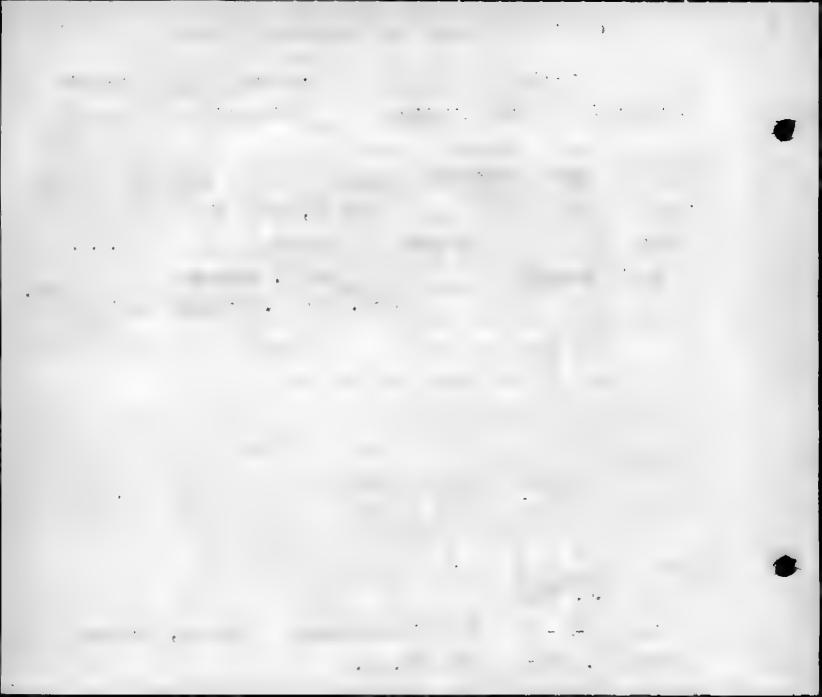
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Give Pagm M) Page



CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

M

DIVORCED [

100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slate or foreign country)

Farmer

Farming

Maryland

Farming

			J	0	0	Ü
Reg.	Dist.	No.				

e. IS RESIDENCE ON A FARM? YES NO 13

Year

19 59

sed

Montgomery

Day

13

127

IF UNDER 1 YEAR IF UNDER 24 HPS

Hours

W/S

12, CITIZEN OF WHAT COUNTRY?

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

Maryland

d. STREET ADDRESS

Last

8. DATE OF BIRTH

HARRIS

16/1873

Maryland 14. MOTHER'S MAIDEN NAME

Rural-Potomac

4. DATE

OF DEATH

Rockville, Maryland

b. COUNTY

Month

August

Months

9. AGE (In years last birthday) 86 yrs.

X) ,
M	

1. PLACE OF DEATH

a. COUNTY

3. NAME OF DECEASED

Male

13. FATHER'S NAME

5. SEX

(Type or print)

Frederick

MERKERREIC

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

White

- - II - ----

Frederick Memorial Hospital

First

JOSEPH

6. COLOR OR RACE 7 MARRIED NEVER MARRIED

WIDOWED F

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town)

Frederick

11:

eral director, be filed with 2 shauld puo .⊆ Pages 1 and campletely f rbon papers. Pag er death.

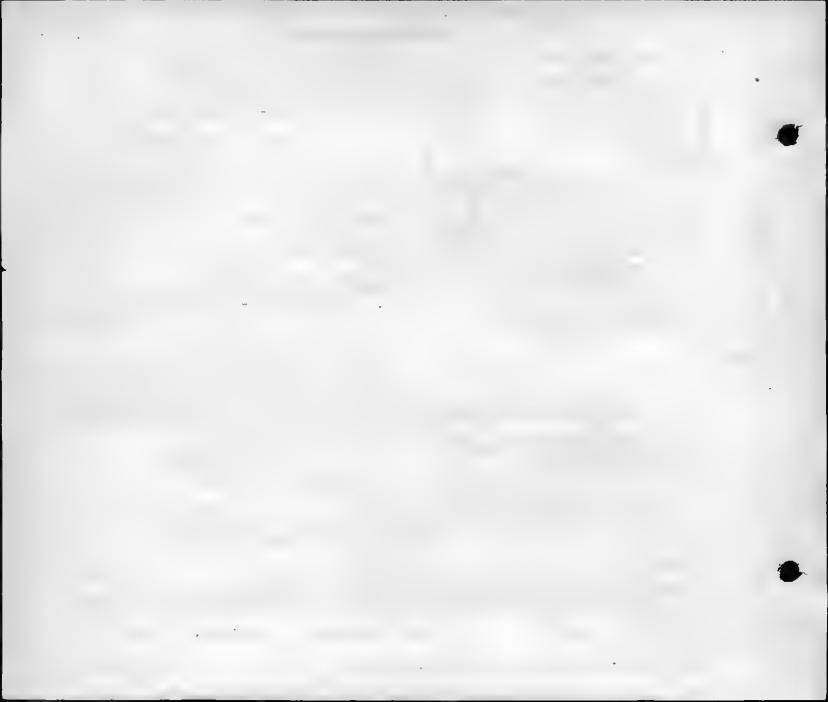
haspital ar attending physician.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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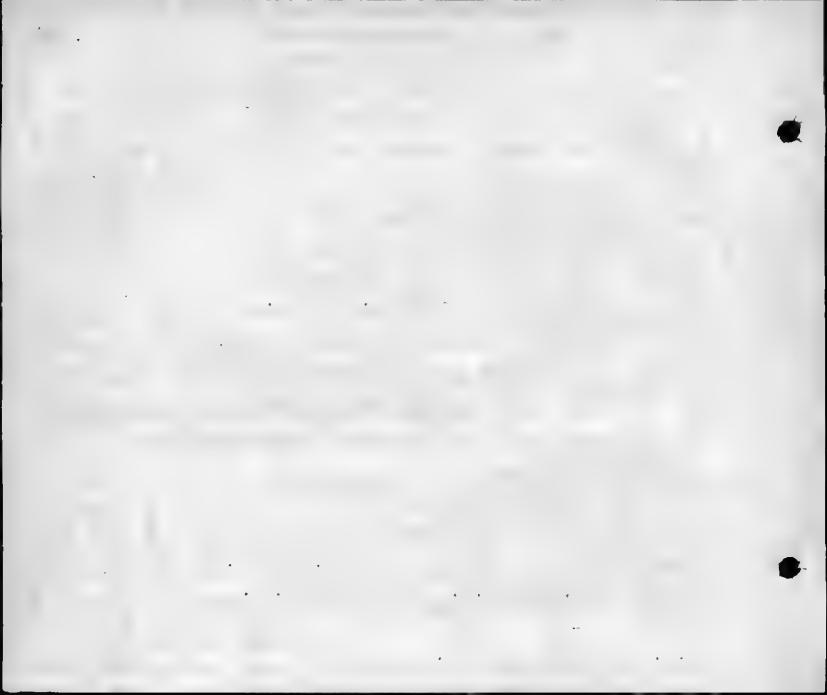
VS A

	James narris Unknown	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	No large was or dolen of service) None J. Frank Harris-son-same as	item 2d
ĭ	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Irobable (a) ceinoma (7) Protestics -	INTERVAL BETWEEN ONSET AND DEATH
-	Canditions, if any, which) butestional Obs Fruction	3 day.
	gave rise to immediate cause (a), stating the under- lying couse last. DUE TO Lawred arterio Selerosis	
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPS PERFORMED? YES NO
- 1	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at wark at work at work	(State
	21. I certify that I attended the deceased from CING 12, 1959, to Civil 13, 1959, that I alive on CING 13, 1959, ond that death accurred at 445 AM, from the causes and on the ADDRESS (Street, city or town, state)	
	SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	8-13-5
1	PHYSICIAN'S LEIMER HARD Meddlitoun	md
	Potomac Cemetery Or Cremation, 22d. LOCATION (City, town, or county) Burial 8/15/59 Potomac Cemetery Potomac Maryle	(Stote)
	Robert A. Pumphery Bethesda, Maryland Date 17 750	GNATURE



Seath Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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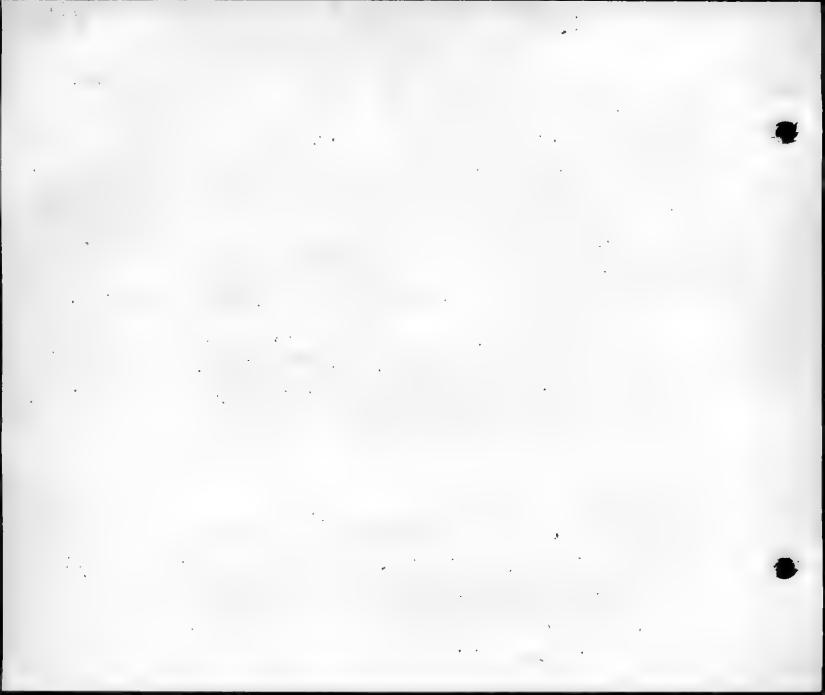
VS A15 (4) 15M 9/5B

9118 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

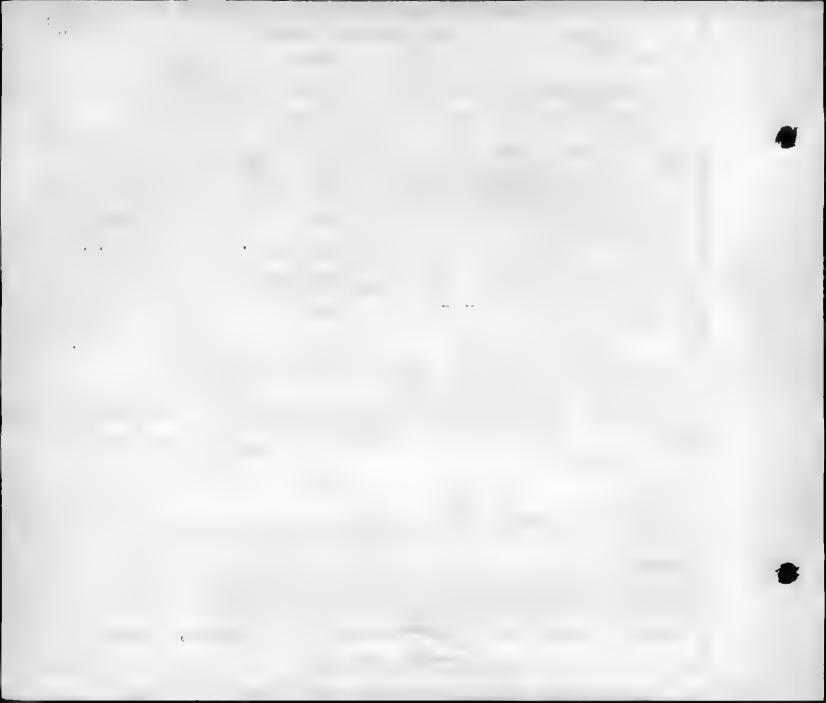
CERTIFICATE OF DEATH

09067 Pag Dist No

-1				Keg. UI	311 1401
1	a. COUNTY	SUAL RESIDENCE (Where	e deceased lived. If	OUNTY -	
	Frederick MARYLAND	Maryla	and	Fred	erack
	b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c	. CITY OR TOWN (If aut	side corporate limits	, write RURAL and	give nearest tawn)
R	Rural Middletown months	Frederic	5		
	d NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
V	Valley View Nursing Home 2	30 E. Chui	rch St.		YES NO
3.	3. NAME OF First Middle DECEASED (Type or print) Walter H. Heffner	Last 4	DATE OF DEATH	Month 8	27 1959
5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA	TE OF BIRTH	9. AGE (TYEAR IF UNDER 24 HRS
	male white widowed Divorced 1/	29/1889	70	rthday) Months yrs.	Days Haurs Min
10	10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	11 BIRTHPLACE (State or	foreign country)		IZEN OF WHAT COUNTRY
V	coal dealer coal	Maryland			U.S.
1:		MOTHER'S MAIDEN NA	ME		
	John Heffner	Sally S	taley		
15	15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give wor or dates of service) 21.7-32-568 HITS.	MANT Blanche H	al6l6nan	Frederi	als Md
L	217-32-900+Mrs.	Dianelle II	emmirer >	+1edel T	Che na
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	" 1			INTERVAL BETWEEN
L	PART I DEATH WAS CAUSED BY MANDIATE CAUSE (a) 1220 22 2 2 2	Minicht 15	- 6 cm		I DO DE ALL
ı	33.2 × Decto		1		1000
	nstrain - selinal	F. a. C. V	D1200	-0	25 Millie,
	gave rise to immediate (b) A LL Val I LE W	,	4		
	cause (a), stating the under DUETO Sur 2410'M 124nic	1204: right	Elling .		I miestle
1	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE CONDIT	TON GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
TAT	CAT I				YES NO
CEOTICI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter Filter, NOTIFY MEDICAL EXAMINER)	ter noture of injury in Po	rt I ar Part II of iler	n 18.)	Y.
3		F INJURY (Hame, farm,	20f. (City or tawn)	(1	County) (State
5	Haur o. m. While Nat while foctory,	street, affice bldg., etc.)			
2	Side	wa N	1. 77	. S.C	
П	21. I certify that I attended the deceased from willy!		1	1	ast saw the decease
L	alive on Att Z. L. , 19, 57 ,, and that death acc	urred at 6236 AN	I/fram the cau	ises and an the	
	1 4 1/1/11	- 7- / AC	DRESS (Street, city	or tawn, state)	PATE SIGNE
	SIGNATURE ! St italiat fiction of M.D.	1/Wak	Sick	11/1	12 3/5 7
	PHYSICIAN'S Dr. B. O. Thomas, Jr.	Frede	rick	, 1	ſd.
2	220 BURIAL, CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETERY OR CRE	MATORY 2	28 LOCATION (Cit	r, lawn, ar caunty)	(State)
	burial 8/29/1959 Lutheran Cemet		Middlete		Md.
2:	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS			4b. REGISTRAR'S SI	GNATURE
	Gladhill Company, Middletown, Md.	DATE SE		Cirthur .	P #



	Н	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		9119 CERTIFICATE OF DEATH Reg. Dist. No.
	L	PLACE OF DEATH o. COUNTY Frederick MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Frederick
/		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 59 days 1 Fry device
		d. NAME OF HOSPITAL (If not in hospital, give street address) . d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frydryick County Chronic Hosp. 423 n. Bents St. YES NO E
	3.	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) Daniel Jee 1/2 mes DEATH 8 28 1959
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR) 1
	10	Church sexton 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if retured) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life, even if retured) 11. S. At
		Mr. Of 6 hy 74. 7/ m 65 Sarah Stine Was deceased ever in U. S. Armed Forces? 16 Social Security No. 17. INFORMANT Address
	(44	no "1th yes, give war or dotes of service) 214-10-5916 Ruth Crorwford Rn. Supt Frederick County Chi
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH C. C
		Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost. (b)
0	10	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	L CERTIFI	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 10 10 10 10 10 10 10 10 10 10 10 10 10
		21. I certify that I attended the deceased from 7/1/, 19.19, to City 27, 19.19, that I last saw the deceased alive an ALA27, 19.19, and that death occurred at 71.504M, from the causes and an the date stated about
/		ACTUAL SIGNATURE ADDRESS (Street, city or town, style) DATE SIGNATURE MD 7171.7 Play flat ST Francisco Led Crey
/		PHYSICIAN'S H.F.KIINE FTELLIAN 7762.
		Removal (Specify) Burial August 31, 159 Frederick Memorial Park Frederick Maryland (Stole)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS
	-	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CEPTIFICATE OF DEATH

09069

			CERTI	IGAII	OI DEAT			Reg. Dist.	No.	
1. PLACE OF DEATH 6. COUNTY Frede:	rick		MARYL		USUAL RESIDENCE (W. o. STATE Mary.		lived. If instituti b. COUNTY			
RURAL and give n	of outside corporate limits, egrest town)	write c. Ll	ENGTH OF STAY II	N 16	c. CITY OR TOWN (IF Rural Mi.			URAL and give	a negresi to	wn]
	TAL (If not in hospital, give	street addre	iss)	1	d. STREET ADDRESS		•		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fiat Annie	C.	. Middle	Н	lter	4. DATE OF DEATH	Mon 8	th	Doy 31	Year 19 59
5. SEX female	6. COLOR OR RACE 7.	MARRIED [ATE OF BIRTH 3/20/1884		9 AGE (In years last) prithdoy) yrs	Months De	/EAR IF UN Dys Hou	7
100 USUAL OCCUPATION during most of wor housewill	ON (Give kind of work don king life, even if retired) CO		of Business or home	INDUSTRY		or foreign co yland	untry)	U.		T COUNTRY?
13. FATHER'S NAME Danie:	l L. Bussar	rd		14	Mary M.		е			
	R IN U. S. ARMED FORCES (If yes, give war or dates of service	(e)	al security no one	Amos	A. Holt	er, M	iddleto		đ.	
Conditions, if a gove rise to i couse (o), stoling lying couse lost.	mmediate Dus 70	My ions contr	Armale Sulver Bulling to DEAT	ry (Occles Selero CUA RELATED TO THE TERM	Sis Types	CONDITION GIV	/EN IN PART I	10 7 20 4	J-LS S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING [] 200 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OC	CURRED (E	nter noture of injury in	Port or Port	II of item 18.)			NO [4
20c. TIME OF INJUR Hour a. m. p. m.			Not while	factory.	OF INJURY (Home, fari street, affice bldg., et	m, 20f (City	or town)	(Cou	rnly)	(Stole)
27. I certify of alive on	attended the de	1259	7	deoth oc	19.5 2. 10 Courred of 3/4	ADDRESS (SH	the causes an	stote) Mg	date stat	
220. BURIAL, CREMATIC	N. 22b DATE THEREOF		Brice NAME OF CEMET	ERY OR CR	EMATORY		ferson,		(\$	tote)
PEMOVAL (Specify) DUT1.81 23. FUNERAL DIRECTOR	9/2/195	-	Reforme ADDRESS			Mi D BY REGISTI	ddletov	m, M	d .	
Gladhill	Company,	Middl	etown,	Md.	THE S	59	Chilling &	Hanne		

and campletely filled in by The Func requires that the death certificate be executed within 24 haurs may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit.

the registrar priar to burial, cremation, ar remaval,

TO HOSPITAL O

V\$ A15 (4) 15M 9/5B

the funeral director, should be filed with

H

death Page 4



9091 CERTIFICATE OF DEATH

09070

be retoins the hospital or offending physicion.

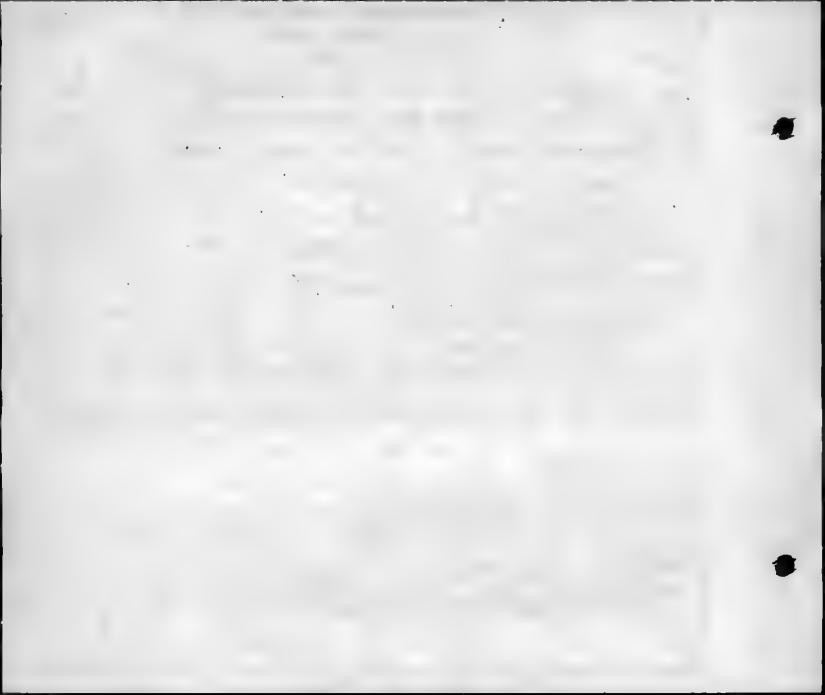
NERAL DI THE After this certificate has been signed by the ottending physician and completely filled in by the inneral director. 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with egistrar prior to burial, cremation, or removal, and in any event within 72 haurs, fleet leath.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death. Page 4

TO HOSPITAL OF	moy be retoine	TO FUNERAL DI	poge 3 should by	the commence and
٧	5 A	A15	(4 \$5)

L	, 500.2	CLKIIIICA	TIE OI DEATH		Reg. Dist. No.
Ī	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who	b COUNTY	an: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LE RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (II) OU	itside corporote limits, write R	URAL and give nearest town}
	d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION	1. 1/25 \$, d. STREET ADDRESS	r'/ 'S-1.	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type of print)	Middle /	C. lost	4. DATE Man	21 51
5		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last, bir)hday)	IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min.
1	00. USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)		TRY 11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	d N	14. MOTHER'S MAIDEN NA		85
1,	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIATION TO CONTROL OF SOCIATION OF	AL SECURITY NO. 17. H	NFORMANT	10-11 Add	7. 15. 1
	18 CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(o), (b), and (c).]	tual lien	arrhase	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause lost.	aliquaring	3 Oplon		? moutes
		BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	YEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
		HOW INJURY OCCURRED). (Enter noture of injury in Pa	ort or Port II of item 18)	
100000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY White the p.m. 19 of work in the control of the	OCCURRED 20e, PLA Not while foc	CE OF INJURY IHome, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased fralive on		, 19 <u>5</u> 9 , ta	-/ '	Zithat I last saw the decease and on the date stated above
	ACTUAL SIGNATURE agreed Tubin	'Ar,	M.D	DDRESS (Street, city or town,	state) DATE SIGNE
	PHYSICIAN'S AMES B, TH	OMA-	Frede	r/c K -/	Md,
	REMOVAL (Specify) 9-3-59	NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, o	or county) (State)
6	SIFUNERAL DIRECTOR'S SIGNATURE	ADDRESS IN	24a. REC'D DATE SEI		STRAK'S SIGNATURE



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

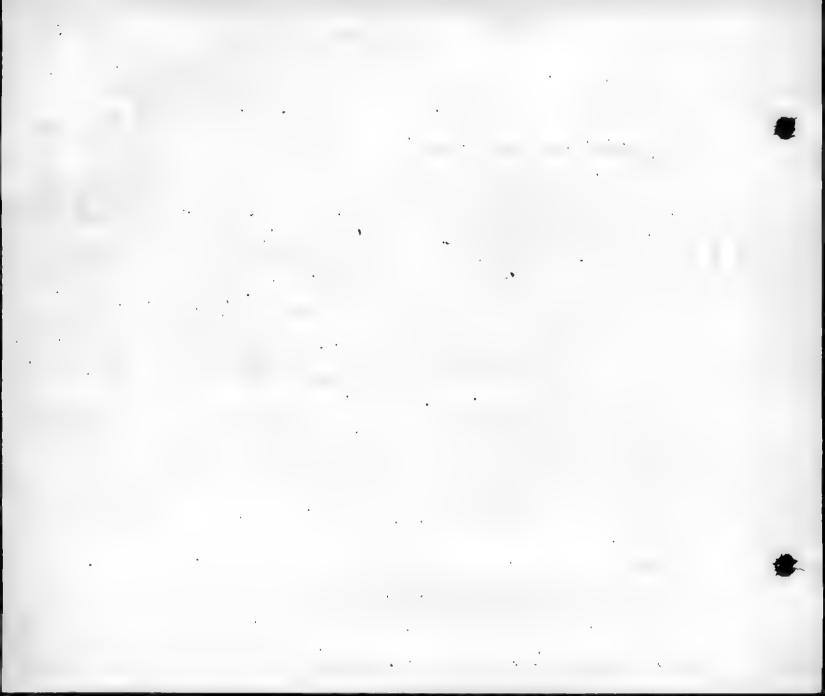
CERTIFICATE OF DEATH

09071

Reg. Dist. No.

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1, PLACE OF DEATH 6. COUNTY	o. COUNTY						2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Francian also							
Freder	OLCK Toutside corporate limi	in write	c. LENGTH OF STAY			TYLE	75-1-1-1	orate limits, write l	TTGUE	rick				
RURAL ond give ne	arest town)	113, 971116		,				rais illinis, write i	KUKAL UNU 9	ITC IIEQICAI	iomi,			
Middletov	M AL (If nat in haspital, g	ive street	years		d. STREET AL	dlet	town			45	DECADENCE			
OR INSTITUTION	er (ir ital ili itaspital) ş	jive sileeri	uduless)	/	O. SIREET AL	DUKE55		1		YE:	RESIDENCE IN A FARM? S NO A			
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mo	nth	Day	Year			
(Type or print)	Wil	liam	Josep	h K	efauve	227	DEATH	8		27	19 59			
5. SEX	6 COLOR OR RACE	7. MARR	IED ANEVER MARRIE	D 🔲 B. I	DATE OF BIRTH			9. AGE (In years lost birthday)			INDER 24 HRS			
male	white	WIDOWE	DIVORCED		1/10/1	1882		77 yrs.		Days Ho	urs Min.			
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OF	R INDUSTR	Y 11 BIRTHPLA	CE (State	or foreign o	ountry)	12.CITI2	EN OF WH	ATCOUNTRY?			
farm owne		,	farm		Mar	vlar	nd		U.	S.				
13. FATHER'S NAME					MOTHER'S	-								
Levric	F. Kefau	Ver			Tos	าทกล	Cook	erlv						
15. WAS DECEASED EVER	IN U. S ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	INFO	RMANT	An 20 2 6/6	W W W W W		dress					
(Yes, no. or unknown) (If yes, give war or dates of s	et-vice)	none	Mrs	. Will	iam	Kefa	uver, N	iddle	etown	, Md.			
	-	use per lir	e for (o), (b) and (c)			/					L BETWEEN			
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	CC	cutl Co	3	nary	-1	/ccl	norgy		11/	2 hrs			
47	4 2 1 DUE TO 0 /2 1/2 4/.													
Conditions, if a	Conditions, if any, which) (b) Arterio seller the Heart disease 14 yrs													
gove rise to in couse (a), stating t	nmediate (, – ,	- //	-	In.	1 .		1			10			
lying couse last	(c	200	neral	3001	ari	len	000	lavora	-0	lens	enous			
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	TH BUT NO	OT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W	AS AUTOPSY			
3											□ NO □			
O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DES0	CRIBE HOW INJURY OF	CURRED. (Enter noture of	injury in I	Part I ar Por	t II of item 18)						
	Y Month, Doy, Ye		NJURY OCCURRED	20e. PLACE	OF INJURY (F	iome, farm	, 20f (Cit)	y or town)	(C	ounty)	(Stole)			
Hour o.m.	19	While at worl	Not while	ractor	y, street, affice	bidg , etc.	4							
	at Lattended the	_	/ /	15	1057	A=-	9/2	7 105	Falson I I					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 2 7	ueceasi	56 1	1 41	, 17_9_9_	11:20	0				e deceosed			
alive on	-f- -sz- f	, 19	Y, ond that	deoin o	ccurred at_	11. 19	M, from	the couses of	nd on the	dote sto	DATE SIGNED			
ACTUAL SIGNATURE	Henne	1/4	C. Hens	M.I	2Fi	de	Bh	Il. Mis	Illd	own]1	d. 86			
PHYSICIAN'S NAME (Type)D]	. Kennet	h He	nson		Mi.c	ldlei	tewn_		Md.					
22a. BURIAL, CREMATIO	N, 226. DATE THEREC	OF .	ZZc. NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)	((Stole)			
BEMOVAL (Specify)	8/30/19	59	Reforme	ed Ce	metery	7	Mi	ddletov	vn. Mo	i.				
23. FUNERAL DIRECTOR'S			ADDRESS			24a. REC'	D BY REGIS	TRAR 246 REG	ISTRAR'S SIG	NATURE				
Gladhill	Company,	Mid	dletown,	Md.		DATE	EL I	29 0	Inthun &	times				





Emmitsburg, Md.

IS RESIDENCE ON A FARM?

YES NO PO

Year

PERFORMED? YES NO

(Stote)

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DATOLIG 2 0 '59

(Stote)

1959



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PUNERAL DIRECTOR: page 3 should be detect

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VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Fled COUNTY Frederick q. STATE b. COUNTY I MARYLAND Mary Jestaes b CITY OR TOWN (If outside corporate timits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) pluous en d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION armody YES NO IS .5 3. NAME OF Middle 4. DATE DECEASED tles 8 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED THEY MARRIED 5. SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours DIVORCED [WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) death. 12. CITIZEN OF WHAT COUNTRY pup House un carban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (If yes, give wor or dates of service) ottending 1B. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** permit. Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 7 20a ACCIDENT WAS UNDERLYING □ Ob. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) o. m. While Not white at work or work p. m 21. I certify that I attended the deceased fram... ...that I last saw the deceased , and that death accurred at 3:05 HM, from the causes and on the date stated above alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE priar FUNERAL DIS PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) è Cem Arlington. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



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VS A15 (4) 15M 9/58

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burial-transit



22¢ NAME OF CEMETERY OR CREMATORY

ADDRESS

3000

Schwartz Cemetery

(Stote)

BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S EIGNATURE

Burial

	9124 Item 9	CERTIFICA	TE OF DEATH	1	Reg. Di		3011
	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (WHO STATE	_ b (funstitution. Resider	nce before c	idmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Cullen	107 days	Baltimore				1 (avn)
_		osmital	3818 East	Bank			S RESIDENCE ON A FARM? ES NO D
	NAME OF DECEASED (Type or print) Howard E.		UHN	4. DATE OF DEATH	Month	Day 9	Year 19 59
	Male 6. COLOR OR RACE 7. MARR	D DIVORCED	11- 16- 19	909 49 50	in years IF UNDER rthdoy) Manths yrs.		UNDER 24 HRS
	USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Manager J1 FATHER'S NAME	ink Yard	Baltimor	e. Maryl			VHAT COUNTRY
	Henry A. Kuhn WAS DECEASED EVER IN U. S. ARMED FORCES? 16	COCIAL SECURITY NO. 127 BUS	Frances FORMANT	Schroede			
IYe	NO [7] (If yes, give wor or dates of service)	13 01 0470 1	Patient		Address		
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) FORT		lateral Pul	Lmona ry	Tubercu	ONSET	AL BETWEEN AND DEATH S 1 Yr.
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PAR	P	WAS AUTOPSY ERFORMED? S NO 24
L CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	(Enler nature of injury in P	ort I or Port II of item	18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 Of work	Not white facts	CE OF INJURY (Hame, form, ory, street, office bldg., etc.	20f (City or tawn)	(1	County)	(State)
	21. I certify that I attended the decease alive an Aug 8 1956		1959 to Au	1g • 9 AM, from the co	19 <u>52</u> ,that I		
	RCTURE T.F. VEA TZ	i		ADDRESS (Street, city of	or lown, state)	ug 9	DATE SIGNED
	PHYSICIAN'S T. F. Vestal.	M. D.	Cullen.			3-4-	

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE AUG 1 1 '59

Baltimore, Maryland

24b. REGISTRAR'S SIGNATURE

Orthur S. Kines

attending physician requires that the death certificate remove please After this certificate has been signed detached for use 101 page 3 should moy be retain TO FUNERAL D TO HOSPITAL VS A15 (4)

the registrar prior to burial, cremation, or ramaval, and

director, filed with

should be filed

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Funeral

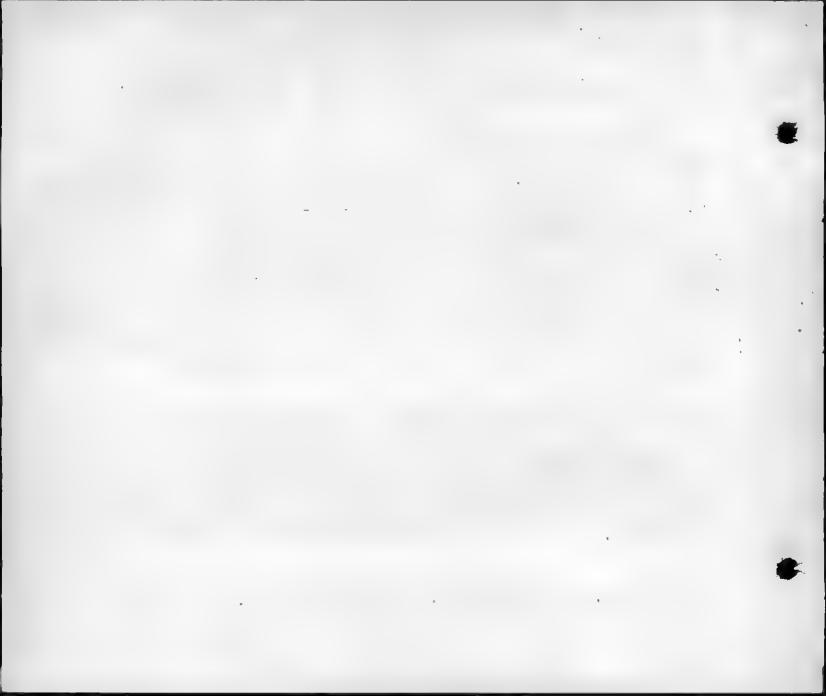
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72 havrs after death.

death. Page

1SM 10/57



M. R. Etchison & Son, Frederick, Maryland

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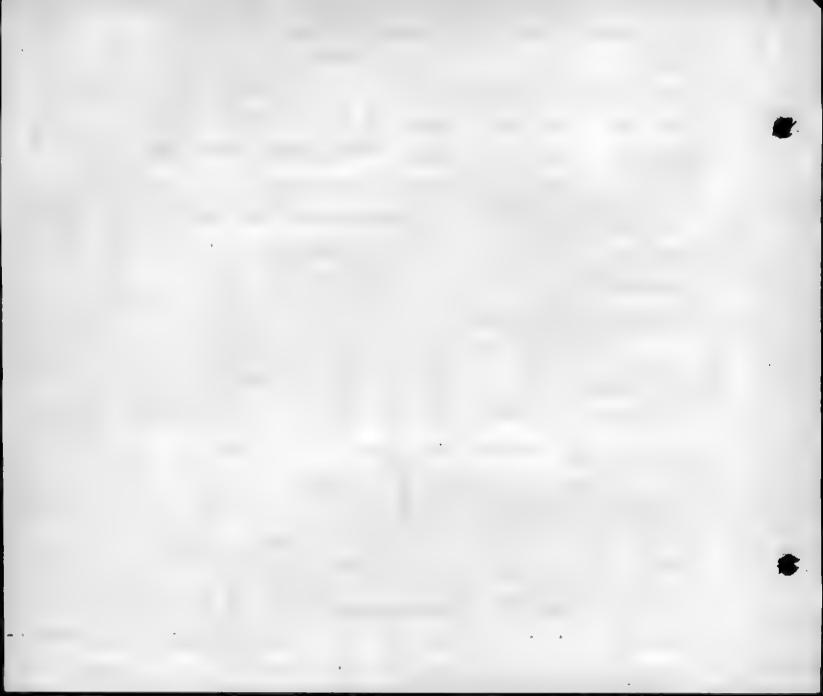
AUG 1 0 '59

Orthur S. Kraus

VS A15 (4) 15M II/55



3		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
B 'v		9125 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. (1917)
should	CM.	1. PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived if Institution: Residence before admission) D. STATE D. COUNTY D. COUNTY
Poge A	lat	b. CITY OR TOWN (If outside corporate limits, write RURAL) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
is.	*	d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, givestreet oddress) d. STREET ADDRESS 210 East Main Street ves \(\text{Nain} \) NO
veral di vour file gistrar p		3. NAME OF DECEASED Anoth Day Year OF DECEASED Anoth Day Year
the fur		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In yells load birthdoy) Months Doys Hours Min.
retain 2 with		10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY) 11. IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refired)
1, 2, ar may be s 1 and	1	Gettysburg, Pa. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page 5		15. WAS DECKASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Emillaling
Give PM3. P mit. Fi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
Item 18 Farm 1sit per		9/9.0 DUE TO PART I. DEATH WAS CAUSE (a) Sun Shot wound in Skull 9/9.0 DUE TO
pencil in Ilang with burial-tra	√	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.
Office of as o	/)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED?
Tipendii miner's (d be use		20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) The color of DEATH. The color of DEATH.
the ward ical Exa 3 shoul	5 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 10f. (City or town) (County) (State) Haur o. m. 8//8 1959 at work at work at work work.
writing lief Mec		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Viguiry 🛂, and find that death resulted from: Natural causes, Accident 🔀, Suicide, Hamicide, Undetermined cause
3.00 E		ACTUAR BUTTER M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
warded to	maval.	EXAMINER'S B. S. Thomas, M. D. DEPUTY MEDICAL EXAMINER @ august 18, 1959
farw forw	5	22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial Aug. 20. 1959 Bethel Cemetery Highfield, Washington Co.Md
S. A15ME(S	5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Line 1 to burg, Md. DATE AUG 2 0 '59 Onthog & Hand
		C P William Co.

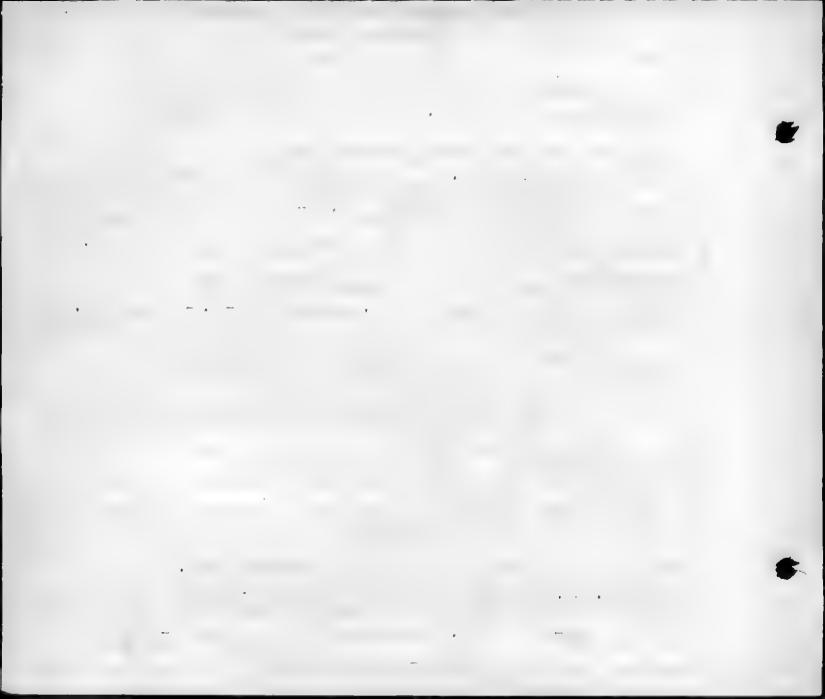


death.

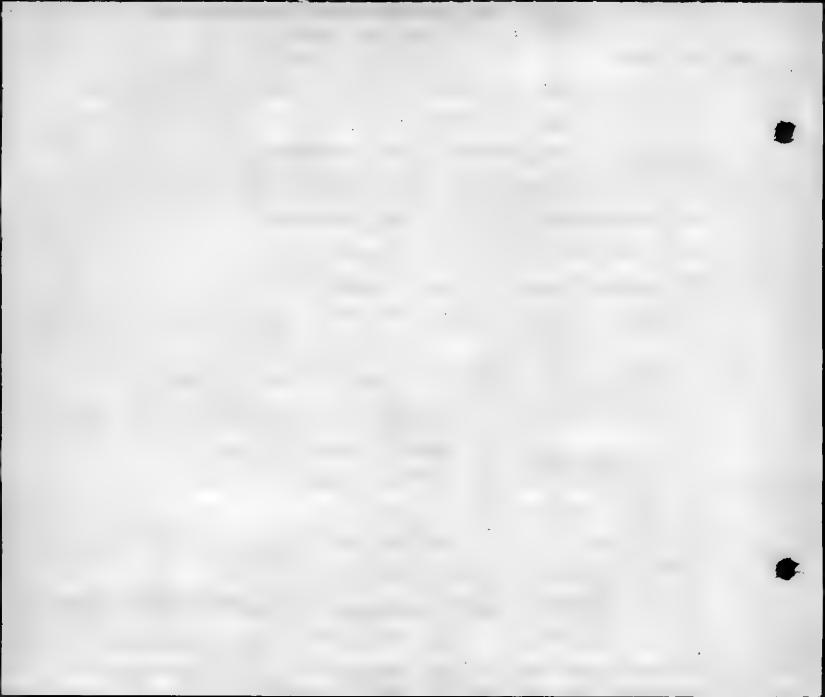
certificate

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) filed o. COUNTY b. CQUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? -REDERIC MEMORIAL YES NO I Ξ NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 19 3 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Manths Days Hours WIDOWED | DIVORCED | 1 YES 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ME corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion RRI remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address စ္ဓာ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: JUKS IMMEDIATE CAUSE (o) 420.0 **DUE TO** Conditions, if any, which ! gave rise to immediate **DUE TO** cattse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, (County) (State) factory, street, affice bldg., etc.) Hour e. m. While Not while at work at work p. m. 2.thot I last saw the deceased 21. I certify that I ottended the deceased from VA 10 50 A.M., from the couses and on the date stated above. and that death occurred at ACTUAL SIGNATURE prior ā should PHYSICIAN'S NAME (Type) FUNEN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE V5 A15 (4) AUG 7 15M 9/55



CERTIFICATE OF DEATH

09082

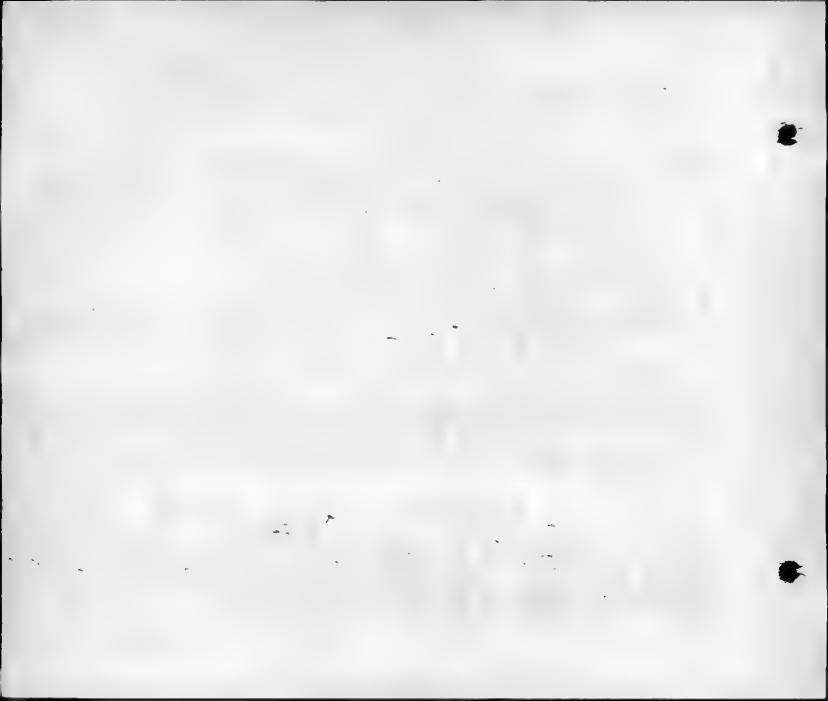
									Mag. D	list. No	la .	
o. COUNTY					USUAL RESIDENCE	E (Where dece			on: Reside	nce befo	ore admis	ion)
Frederick			MARYLAND		• STATE b. COUNTY Maryland Frederick							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN		rporote lin					1)
Brunswick	arest town)		vears	20	Brunsw							
d. NAME OF HOSPIT	At (If not in hospital, gir	ve street as			d STREET ADDRE						e. 15 RES	IDENC
OR INSTITUTION											ON A	FARM NO
I. NAME OF DECEASED (Type or print)	First	1	Middle	-	lost	4, DAT OF DEA	E TH	Mon	th	D ₁	•	Yeor
. SEX	16. COLOR OR RACE	7	ED [] NEVER MARRIED		Moler ATE OF BIRTH			E IIn vente	IF UNDE	RIYEAR		19 E
female	1 ,		_	_	/1 2 /3 00	2	losi	E (In years	Months	Days	Hours	Mic
		WIDOWED			173/10/	3		86yıs.				
during most of work	IN (Give kind of work di sing life, even if retired)	one 105, K	IND OF BUSINESS OR I	NOUSTRY	11. BIRTHPLACE (State or toreig	n country)		12. C	IIIZEN (OF WHAT	COUN
housewi	<u>fe</u>		own home		Maryla					1	I.S.	
3. FATHER'S NAME				14	4. MOTHER'S MAID	DEN NAME						
James G	ordon				Nancy	7						
5. WAS DECEASED EVE	R IN U. S. ARMED FORCE	E\$7 16. S	OCIAL SECURITY NO.	17. INFOR	RMANT			Add	1015			
no. or unknown)	(If yes, give wor or dates of sec	aice]	none	Mrs	. Earl	Gordo	n R	runsv	ما ماء	. Mo	Ā	
	TH Enter only one cou	on one line		- 111-3		uuruu.	49.11	Lunsy			ERYAL BE	THEFE
Conditions, if all gave rise to it	mmediate		APPE.	2702	eles		es	2			10	7
Conditions, if or gove rise to it couse (a), stating lying couse last,	DUE TO ny, which (b). mmediate the under- (c)	PITIONS CO	ONTRIBUTING TO DEATH	1 BUT NOT	T RELATED TO THE T	TERMINAL DIS	EASE CON	DITION GIV	'EN IN PA		19. WAS PERFO	RMED?
Conditions, if or gove rise to it couse (a) storing lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO my, which bus to bus t		ONTRIBUTING TO DEATH						EN IN PA		19, WAS	AUTOP DRMED?
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Conditions, if or gove rise to it couse (a), storing lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR. Hour o. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	DUE TO The property of the pr	206 DESCI	JURY OCCURRED 20 Not while of work defrom.	PLACE (factory,	OF INJURY (Home, street, office bidg	farm, 20f. (City or tav	item 18.]	othat I	(County)	19, WAS PERFO YES (AUTOPRIMED:
Conditions, if or gove rise to it couse (a), storing lying couse last, Part II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJURY Hour o. m. p m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DUE TO The property of the pr	20d. IN. White of work decease	RIBE HOW INJURY OCCURRED JURY OCCURRED Not while of work d from and that de	urred. (Er	OF INJURY (Home, street, office bidg	ry in Port I or , farm, 20f. (ADDRES UNSWI	City or law	vn] Causes City or Iown,	that I	(County)	Type Test Type Type Type Type Type Type Type Type	AUTOIRMED NO

may be retain by the haspital or attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the ottending physician and completely filled in these funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR

ofter death: Page 4

VS A15 (4) 15M 9/55



X

death' Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

he hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

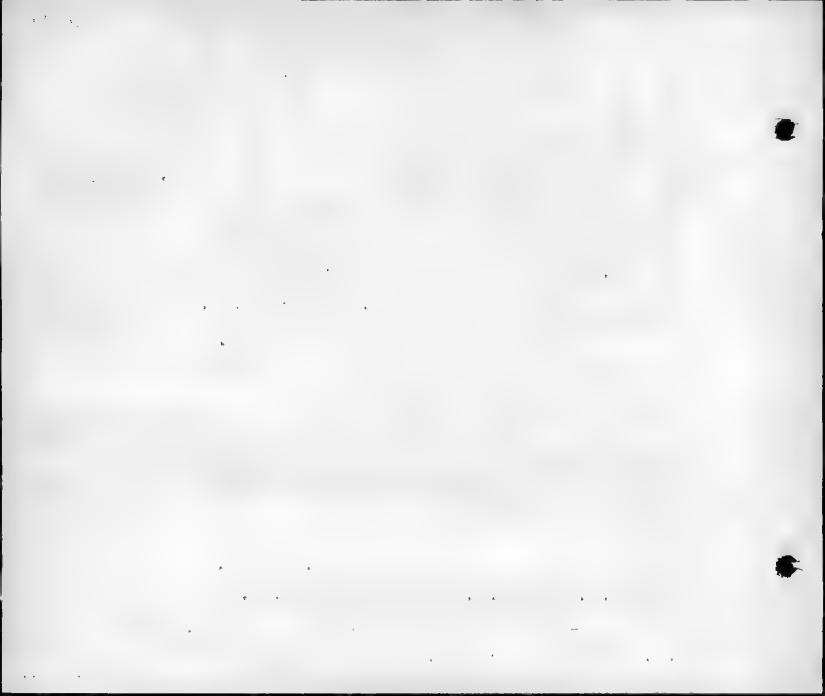
09083

	9095	CERTI	FICAT	E OF DEAT	TH		Reg. Dist. No.	
o. COUNTY Fred	erick	MARY	1.1	USUAL RESIDENCE (o. STATE Mary.		d. If institution b COUNTY	Residence before	
b. CITY OR TOWN (II RURAL ond give ner Frederic	outside corporate limits, wr grest town) C	50 Years	IN 1b	E CITY OR TOWN (outside corporote lerick	imits, write RUI	RAL and give near	est lown)
d NAME OF HOSPITA	al (If not in hospital, give st en Avenue	reet address)	1	d. STREET ADDRESS 201.	Linden Ave	enue	-	ON A FARM?
3 NAME OF DECEASED (Type or print)	First ALICE	Middle VIRGIN	TA.	Lost MULL	4. DATE OF DEATH	Month Au	gust 8	
5. SEX Female	TRT1_ 2 4	MARRIED NEVER MARRIE		ATE OF BIRTH			Months Doys	Hours Min
10a. USUAL OCCUPATIOn during most of works House-woo	N (Give kind of work done ing life, even if retired)	106 KIND OF BUSINESS O At Home	R INDUSTRY	11. BIRTHPLACE (SIG		1	12. CITIZEN OF	WHAT COUNT
13. FATHER'S NAME George H			1	Marth	name a Getzanda	anner		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? If yes, give wor or dates of service)	None	Mrs.	rmant James Ali	bright, S	Addres		m #1)
PART I. DEAI Conditions, if an gove rise to in couse (o), stolling it lying couse lost.	mediate (er line for (0). (b), and (c) (Curelly		7 Leman	rhag	-L		RVAL BETWEEN T AND DEATH
Ž.	ER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEA						PERFORMED?
	Manth, Day, Year 20		20e. PLACE	OF INJURY (Home, fo	ırm, İ 20f (City or to		(County)	(State
		eased from	24	., 19 <i>150</i> , to curred at 2	Mng 8 M, from the	e Causes an	ote)	e stated abo DATE SIGN
PHYSICIAN'S B	. 0. Thomas,		<u>>м.</u> д.	Frederic				g 1959
220. BURIAL, CREMATION BUT 121 23. FUNERAL DIRECTOR'S	8-11-59	Mount Oli		metery	22d. LOCATION Freder: C'D 8Y REGISTRAR	ick, Mai	ryland	(State)
M D The		T3 2 . 2 3- 35		240. RE	C D BI KEGISIKAK	AND REGISTE	ANY 3 SIGNAVIORE	•

DATE AUG 11 '59

Chilling & Firence

DEVICE ALL MAN After this certificate by present signed by the attending physician and completely filled in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hays after death. TO HOSPITAL OF may be retaine VS A15 (4) 15M 10/57



		O107 CERTIFIC	ATE OF DEATH	Uv gos
		9127	Reg. Dist.	
a	1, 1	COUNTY EDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence STATE Y LAND	P (C K
	1	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give	e neorest town)
		VE A IN IN A P	1. SI FINE WILLIAM SAF	
	-	NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
18		ORTESTITUTION	Dung	ON A FARM?
10	_	_NUK/tw	II TORAL	YES NO 2
		IAME OF First Middle	Lost 4. DATE Month	Doy Year
		Type or print) WILLIAM SENNINGS	NULL DEATH 411G1 2	0 1959
	5 9	EX 6 COLOR OR RACE 7. MARRIED AFEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24 HRS
		AAALE INCHITE WIDOWED DIVORCED	TILLATE 19 - 1894 lost by thought Months De	ays Hours Min
	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND		EN OF WHAT COUNTRY?
		Outing most of working life, even if refired)	Mac 14 in	
	13	ARDENTIER BUILBING	MARGINIA	<u>. J / </u>
1	10.	All .	14. MOTHER'S MAIDEN NAME	
	-	JOHN NULL	MARTHA CHEEKS	5
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	11.4
		No No 228-03-8004	MAMIEH. NULL, NEW WIN.	DS612/1/1
		18 CAUSE Of DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y occlusion	sudden
		DUE TO	1	
		Conditions, if ony, which) the area	a partaria.	6 gra
		gave rise to immediate	4 /20/00-2	
		Luis a saus loss		
	z	(1)	IT MAY BELLATER TO THE TENANCE DESCRIPTION OF THE PROPERTY OF	
^	CERTIFICATION	PART OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
0	Ñ			YES NO
	RTSF	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING CAUSE OF DEATH	RED (Enter nature of injury in Port I or Part II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL		PLACE OF INJURY (Home, form, 20f (City or town) (Con	inty) (Stote)
	450	Hour o. m. While Not while of work of work	octory, street, office bldg., etc.)	
	~	7/2	2/5719 to 8/20/59 19 that I los	
		21. I certify that I attended the deceased from		st saw the deceased
		alive anX/X0/5/, 19, and that deat	th accurred at $2.32P$ M, from the causes and an the	date stated above.
		711001	ADDRESS (Street, city or town, stote)	DATE SIGNED
		SIGNATURE Mr. E. Robertson	M.D. Hen lundson M.	8/20/5
1		PHYSICIAN'S I I E P. O ER TELL		1 , , , ,
- 1		NAME (Type) MI I TOBERTSON	NEW WINDSO	RMD
	220	BURIAL, CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY	OR CREMAJORY 22d. LOCATION (City, Iown, or county)	(Stote)
	F	REMOVE (SPECIFICIAL STATE OF ALLIDON A 1	E COACEN / NITALTALL	MIN
	23	UNERAL DIRECTOR'S SIGNATURE () ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATTIRE
	1	INDE tolerthe Notelal	246. REC U BY REGISTRAR 246. REGISTRAR S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retaine the hospital or attending physician.

TO FUNERAL DIM. OR: After this certificate has been signed by the ottending physician and campletely filled in by page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

should be filed with

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FOR STATE HEALTH DIFFT.

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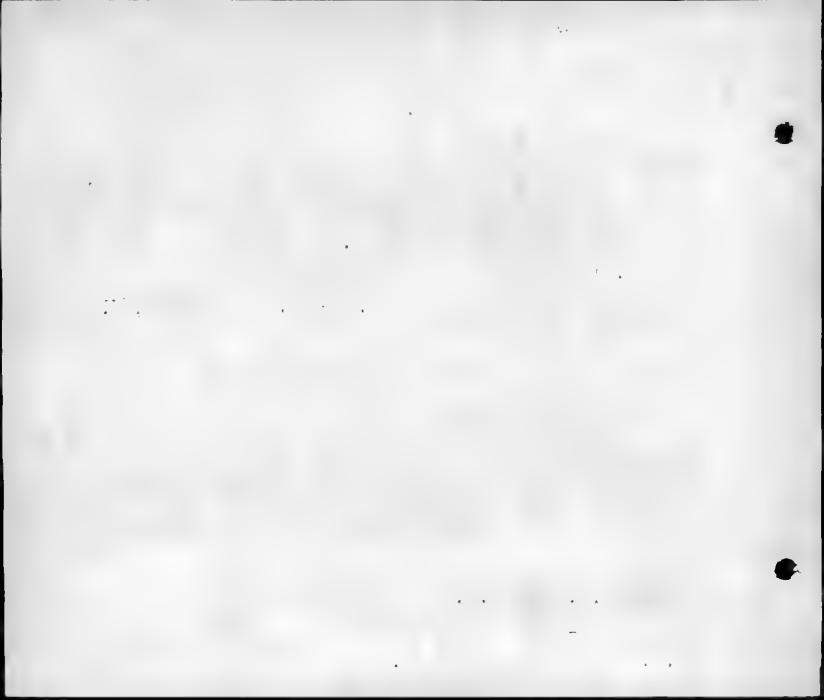
9097 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

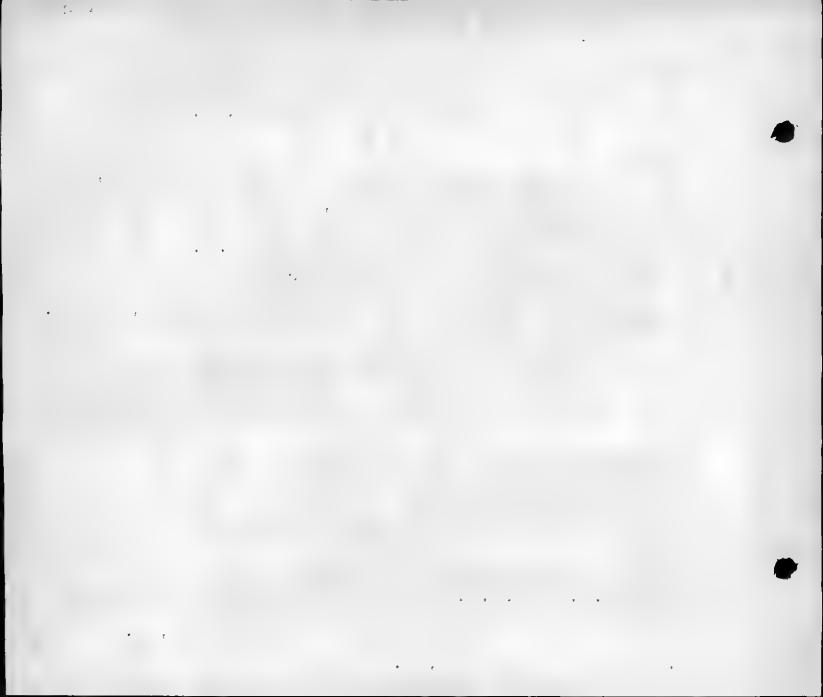
09085

					KEG, DIST. 140	7
PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (V		d. If institution b. COUNTY	Freder	
b CITY OR TOWN if outside corporate limits, write RURAL Frederick*	50 Yrs.	CITY OR TOWN (III	f outside corporate rick–Rura	4.4	RAL and give r	rearest lawn)
d NAME OF HOSPITAL OR INSTITUTION (If not in hosp Frederick Memorial Hospita		street Address Near I	Frederick			ON A FARN YES NO
3. NAME OF First DECEASED (Type or print) JOHN	Middle WILLIAM	O'NEAL	4. DATE OF DEATH	Month Au	gust 11	Year 1959
5. SEX 6 COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED 1	26 Oct 1899	55	yrs. M	UNDER LYEAR onths Days	Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) COOK & Garaner Cou	ind of Business or industr inty Chronic Ho		_		USA	F WHAT COUNT
George W. O'Neal		Julia Putma				
After the advantage of the contract of the con	17-10-9654 Mrs	George F.	Hutto, F	lli ^{Adr} ine rederic	Ave., k, Md.	Section Control Contro
Conditions, if ony, which gove rise to immediate course to), stating the underlying cause test.	ronary Thrombos		IINAL DISEASE CON	DITION GIVEN	2	RYAL BETWIEN TE AND DIATH HOURS 19. WAS AUTOPS
CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year While of wor p. m. 19	rk al work	CE OF INJURY (Home, form rry, street, effice bldg., elc	n. 20f. (Cily or tow	vn)	(County)	YESTEN NO
21. I certify that I taok charge of the ropinion death resulted from: Natural c				Undelerm		
SIGNATURE BUTTON	nas_	_ M D. CHIEF MEDICAL E				DATE SIGNED
EXAMINER'S B. O. Thomas, M. 220. BURIAL CREMATION, 22b. DATE THEREOF BUMQYAL (Specify) 8-17-59	D. D. AME OF CEMETERY OR Lutheran Ceme		EXAMINER A LOCATION (C. Middleto		ounly)	1959 (State)
23 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son. Fre	ADDRESS	24o. REC*		24b REGISTRA		RE

TO DEPUTY MELATILEXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is recussary, please execute the contract, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funerometer. Page 4 should be the order to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death. VS A15ME 5M 2 S7





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9129 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY Filed , Baltimore City MARYLAND Frederick Jarvland Pro Limor town (If outside corporate limits, write RURAL and give nearest town)

1344 Weldon Avenue

Baltimore II, Maryland, 3777/-4 b. CITY OR TOWN (If gutside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) ploons Davs d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
Victor Cullen State Hosp. A STREET ADDRESS e IS RESIDENCE ON A FARM? 1111 0 1344 Weldon Avenue YES NOK , 5 3. NAME OF Middle 4. DATE Yen DECEASED REDDING 19 59 (Type or print) William Emory DEATH August 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH Doys Hours in papers. death. White WIDOWED TY DIVORCED [7] Male 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pua Mechanic Shipping Ma ryland. U. S. A. offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Redding Elma Eliza beth Bumber гетауе 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give wor or dates of service) ottending Grand Daughter 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Far Advanced Pulmonary Tuberculosis ONSET AND DEATH DUE TO Conditions, if any, which] gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Arteriosclerosis General YES NO IX 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INITIRY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. Not while at work of work 21. I certify that I attended the deceased from 7/29 . 19 59. to ____, and that death accurred at 5:30PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL RAL DI shauld be istrar prior м.b. Cullen. Md. 8/14/1959 may be retain to FUNERAL D page 3 shaul PHYSICIAN'S NAME (Type) F. Vestal. M. D. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22a. BURIAL CREMATION. 22d LOCATION (City, fawn, or county) (State) REMOVAL (Specify) Druid Ridge Cem. Pikesville Maryland 8-17-59 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

VS A15 (4) 15M 10/57

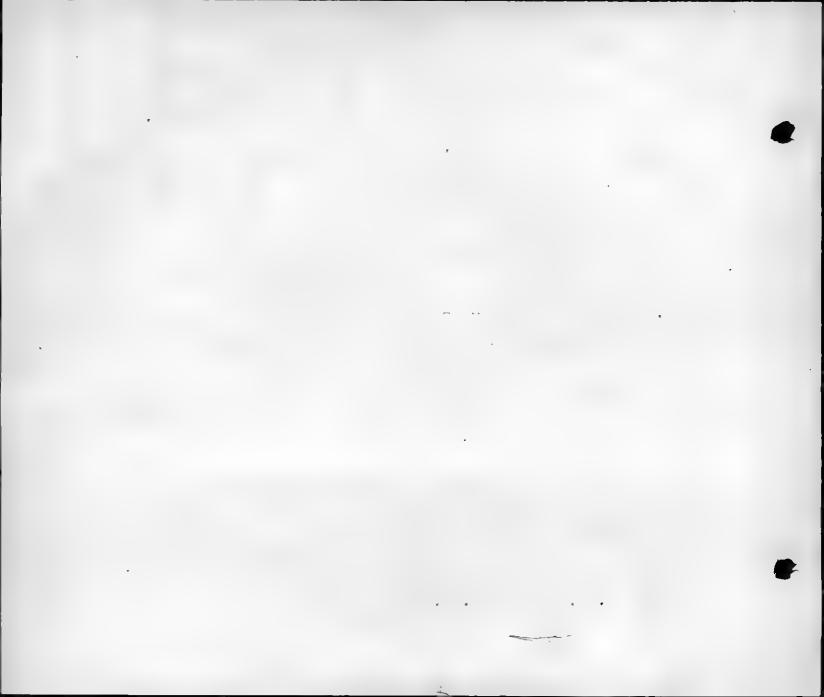
deoth.

DATEAUG 1 9 '59

124g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Circling & House



M

X

TO MOSPITAL

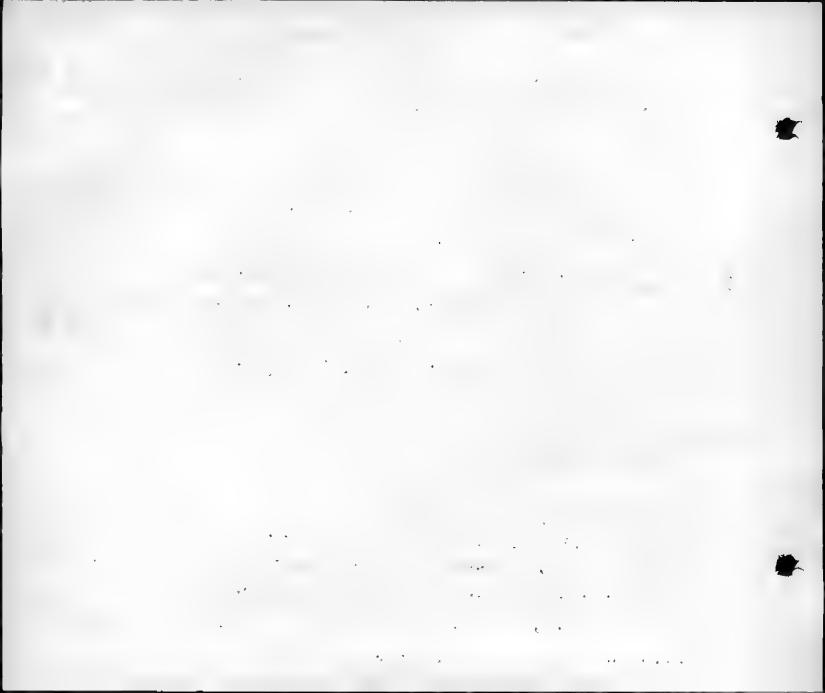
VS A15 (4) 15M 9/SB

within 72 Mours after death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9130

CERTIFICATE OF DEATH

PERFORMED? YES NO PERFORMED. Y				CERTITIO	AIL OI L		•	Re	g. Dist. No.	
RUBAL cord one necessary leaven of Point of Rocks d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STEET ADDRESS v. A. DATE of No. 17 pc. v. A. DATE of No. 18 pc. v.	1. PLACE OF DEATH 6. COUNTY	Frederick		MARYLAND				COLUMN		
OR INSTITUTION AMANG OF First Constitution	RURAL and give	nearest town)	s, write		c CITY OR				ond give nearest	town)
Type or pirin) STATE COLOR OR RACE 7. MARRIED NEVER MARRIED 10. BOTE OF BIRTH 1. BRILL 1. BRILL			ve street	address)	d. STREET A	DDRESS	_			ON A FARM?
Make White Widows Divorce Di	DECEASED									
Mary						1	Inst	birthdoy) Mo		
Maryland USA Watchman USA Watchman USA Watchman USA Watchman USA Watchman USA USA USA DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address USA Oleva A. Pryor Usa Maryland USA Oleva A. Pryor Usa Maryland USA USA DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Usa Maryland USA Oleva A. Pryor Usa Maryland USA USA Usa Maryland USA USA USA Maryland USA USA USA Maryland USA USA USA USA USA Maryland USA USA USA USA USA Maryland USA US		,			<u> </u>		. 12	yrs.	2 CITIZEN LOE WI	HATCOUNTE
JOSEPH C. Redmond Oleva A. Pryor 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	Watchmar	orking life, even if retired)	1 _		Ма	rylan	id			1AT COUNTRO
WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 16. SOCIAL SECURITY NO NO 17. Man or or dease of service) 219-07-2319 Mr. Verner A. Redmond—Same as Item #2 19-07-2319 Mr. Verner A. Redmond—Same as Item #2 19-07-2319 Mr. Verner A. Redmond—Same as Item #2 18. CAUSE OF DEATH Enter only one course per June for (a), (b), and (c)-1 INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSE BY: IMMEDIATE CAUSE (c) DUE TO DU	_				14. MOTHER'S					
It Yes, gove word of dease of service 219-07-2319 Mr. Verner A. Redmond—Same as Item #2			· ·	POCIAL CECURITY NO.	INTERNAL DIT	OTEA	a A. Pry			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? YES DOWN OR CONTRIBUTING CAUSE OF DEATH HOUR a.m. 19 While Of work of wor	[Yes, no, or unknown]	(If yes, give wor or dates of se	rvice)			. A. F	ledmond—S		tem #2	
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item IB) 20c. CTIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work	Conditions, if gove rise to cause (a), statil lying cause los	DUE TO any, which immediate the under- to t	1.1	EN SIMBLE	12:00:00	P 1	US 1 O IV	DIT ON GIVEN I	JP N PART 1(0) 19 V	3 PS & S
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor										
21. I certify that I attended the deceased fram		NG CAUSE OF DEATH FY MEDICAL EXAMINER)								
alive an	20c. TIME OF INJ Hour o. n p. n	n. 10	While	Not while fo)	*		Ì
NAME (Type) C. E. PTAITC, M. D. Brutiswick, Maryland 20. Bur al, Cremation, 226 Date thereof Rug. 20m1959 21. Name of Cemetery or Crematory Point of Rocks, Maryland 22. Name of Cemetery Point of Rocks, Maryland 22. Name of Cemetery Point of Rocks, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE	alive an	that I attended the			accurred at	2:30A	M, from the o	causes and a ity or town, stote	n the date st	ated abav
Buriat Specify Aug. 20m1959 St. Paul's Cemetery Point of Rocks, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	C. E. Prwitt	, м.	D.	Bruns	wick,	Maryland			
and the ball	270. BUR AL, CREMA BUT 1 1 (Speci	14.0								
M. R. Etchison & Son, Frederick, Maryland DATEAUG 20'59 Collar S. Hand	23. FUNERAL DIRECTO	DR'S SIGNATURE		ADDRESS		24g, REC'	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	
	M. R. Etc.	hison & Son,	Fred	derick, Maryla	nd	DATEAU	G 2 0 '59	arthur	8. Thomas	



		MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
18		CERTIFICATE OF DEATH Reg. Dist. No. () 9 () 8
		ACE OF DEATH COUNTY FREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY FREDRAICH
		CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) THURMONT
7	d	NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION FREDERICK MEMORIAL HOSP RT # 1 e. 15 RESIDENCE ON A FARM YES \[\begin{array}{c} \text{NOT} \text{VES} \[\text{NOT} \text{VES} \]
	D	AME OF First Middle Lost 4. DATE Month Day Year SCEASED APPROXICE ORVILLE REED DEATH 8 5 195
	5. SE	M WIDOWED DIVORCED NO 8/30 /02 lost birthday) Months Days Hours Mir
1		USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR HIDUSTRY 11. BIRTHPIACE (State or foreign country) And Samon Shoe 12 CITIZEN OF WHAT COUNTRY And Samon Shoe 13 CITIZEN OF WHAT COUNTRY And Samon Shoe 14 COUNTRY 15 CITIZEN OF WHAT COUNTRY 16 COUNTRY 17 COUNTRY 18 CITIZEN OF WHAT COUNTRY 19 COUNTRY 10 COUNTRY 11 COUNTRY 12 CITIZEN OF WHAT COUNTRY 13 CITIZEN OF WHAT COUNTRY 14 COUNTRY 15 COUNTRY 16 COUNTRY 17 COUNTRY 18 COUNTRY 18 COUNTRY 19 COUNTRY 19 COUNTRY 10 COUNTRY 11 COUNTRY 11 COUNTRY 12 COUNTRY 13 COUNTRY 14 COUNTRY 15 COUNTRY 16 COUNTRY 17 COUNTRY 18 COUNTRY 18 COUNTRY 19 COUNTRY 19 COUNTRY 19 COUNTRY 10 COUNTRY 10 COUNTRY 10 COUNTRY 11 COUNTRY 12 COUNTRY 13 COUNTRY 14 COUNTRY 15 COUNTRY 16 COUNTRY 17 COUNTRY 18 COUNTRY 18 COUNTRY 18 COUNTRY 18 COUNTRY 19 COUNTRY 19 COUNTRY 19 COUNTRY 19 COUNTRY 10 COUNTRY 10 COUNTRY 10 COUNTRY 10 COUNTRY 10 COUNTRY 11 COUNTRY 11 COUNTRY 12 COUNTRY 13 COUNTRY 14 COUNTRY 15 COUNTRY 16 COUNTRY 17 COUNTRY 17 COUNTRY 18 COUN
	136	ATHER'S NAME RELEASE 14. MOTHER'S MAIDEN NAME MANY 6 Stately
	IS. V (Yes.	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no. or unknown] NO. or unknown] NO. of unknown]
	1	B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PUMON DRY INTRVAL BETWEEN ONSET AND DEATH Supply The course of the course
		Canditions, If ony, which) (b) Coronary Artery Disease and Coments
		gave rise to Immediate couse (a), storing the under- lying couse last. Con greative Heart Failure
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
- 1		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF
	MEDICAL	10c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w
		21. I certify that I attended the deceased from \$1.2., 19.57, ta \$1.5. 19.57, that I last saw the dece
		ACTUAL PORT OF ADDRESS (Street, city or town, stole) DATE SIC
,		PHYSICIAN'S Richard C. PEynolds Frederil Maryland Maryland
=		BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY, 22d. AOCATION (City. town, or county) (Stole)
	23./F	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 1 0 '59 Callun 8. Kause
F	1	/ DATE



FUNERAL DIRECTOR: age 3 should be detect

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VS A1S (4)

1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9099

69696

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND Frederick Frederick Marvland CITY OR TOWN (if outs de corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Frederick-Rural-R.F.D.#5 Hours Frederick d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Near Frederick Frederick Memorial Hospital NAME OF Middle 4. DATE Last Month Day Year DECEASED 30. FRANCES REEDER August 59 (Type or print) VADA DEATH 19 S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED 67 birthdoy) Months Dovs January 27, 1892 White WIDOWED | DIVORCED | Female yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Housework At Home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George C. Shafer Laura V. Thomas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mr. Joseph L. Reeder-Same as Item #2 No No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED2. YES NO 20g. ACC DENT WAS UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while ol work ol work 21. I certify that I attended the deceased from 4 19.25 hat I last saw the deceased and that death accurred at 9:15AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Professional Building PHYSICIAN'S Frederick, Maryland B. O. Thomas. M. D. NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Mount Olivet Cemetery Maryland Sept.1.1959 Frederick. Burial 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR SEP M. R. Etchison & Son, Frederick, Maryland Chillen & Hours DATE



TO HOSPITAL OF

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9131

CERTIFICATE OF DEATH

					Reg. Dist. P	No.
- Partie	1, PLACE OF DEATH G. COUNTY		2. USUAL RESIDENCE (W	here deceased lived. If instit		efore admission)
	Frederick	MARYLAND	Virgi	nia b. COUN	"Loudoun	Co. Va.
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write		
	Braddock Heights		Lovettsv			
	d. NAME OF HOSPITAL (If not in haspital, give street	address)	d STREET ADDRESS			e. IS RESIDENCE
	Vindobona Convalescent & 1	Rest Home	None			YES NO TH
	3. NAME OF First	Middle	Lost	4. DATE	Agnih	Day Year
	OECEASED (Type or print) LESTER		SCHUTTE	OF DEATH	August	12, 1959
	5. SEX 6. COLOR OR RACE 7. MARI	RIED XX NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YE	AR IF UNDER 24 HRS.
	Male White WIDOW		August 23, 1	Lock highlades	Months 20	
	10a USUAL OCCUPATION (Give kind of work done 10b.		-107		1	OF WHAT COUNTRY?
	during most al_working life, even if retired)	nvestments	Brooklyn		U.S.	_
	13. FATHER'S NAME	tives diferred	14. MOTHER'S MAIDEN I	·	0.5.	A.
	Charles Schutte		Unknown			
		SOCIAL SECURITY NO. 17. II	NFORMANT		ddress	
	(Yes, no or unknown) [1] yes, give wor or doles of service)		Lorena T. Sch	4		lle We
			BOT CHE U. DOIL	none (write) I		
	DARTA BEATLANAS SALVAS AV		-1/	- /^		NTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	armore cell	epiThelim	a of mouth		5 years
-	191,9 DUE TO		•	/		
	Canditians, if any, which (b) (b)					
	cause (a), stating the under-					
	lying couse lost.) (c)					
,	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CONTRIBUTION CON	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION (GIVEN IN PART 1[0) 19 WAS AUTOPSY PERFORMED?
1	40					YES NO X
	200 ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D (Enter nature of injury in	Part I or Part II of item 18)		
	20c. TIME OF INJURY Month, Doy, Year 20d II Hour o.m. 19 of wor		ACE OF INJURY (Home, form stary, street, affice bldg., etc.	. 20f (City or town)	(Coun	ly) (State)
	₹ p. m. 19 of wor					
	21. I certify that I attended the deceas	ed from $\frac{9}{9}$	19) 7, 10	8/12 , 19)	7 .that I last	saw the deceased
	alive on 4/1/	and that death	occurred at 2:15	A.M. from the couses	s and on the	fate stated above
	1-110			ADDRESS (Street, city or tow		DATE SIGNED
	SIGNATURE / / Scher	luce	MD 228 N. Ma	rket St.,	12	Aug 1959
/		***	***	373		
	PHYSICIAN'S L. R. Schoolman,	м. D.	Frederick	, Md.		•
	220. BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d LOCATION (City, town	n, or caunty)	(State)
	Burlal Specify) Aug. 14. 59	Union Cemetry	У	Lovettsvill	e	Va.
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNA	
	M. R. Etchison & Son, Fr	ederick, Maryla	and DATE A	UG 1 4 '59	Cotton S. K	raich



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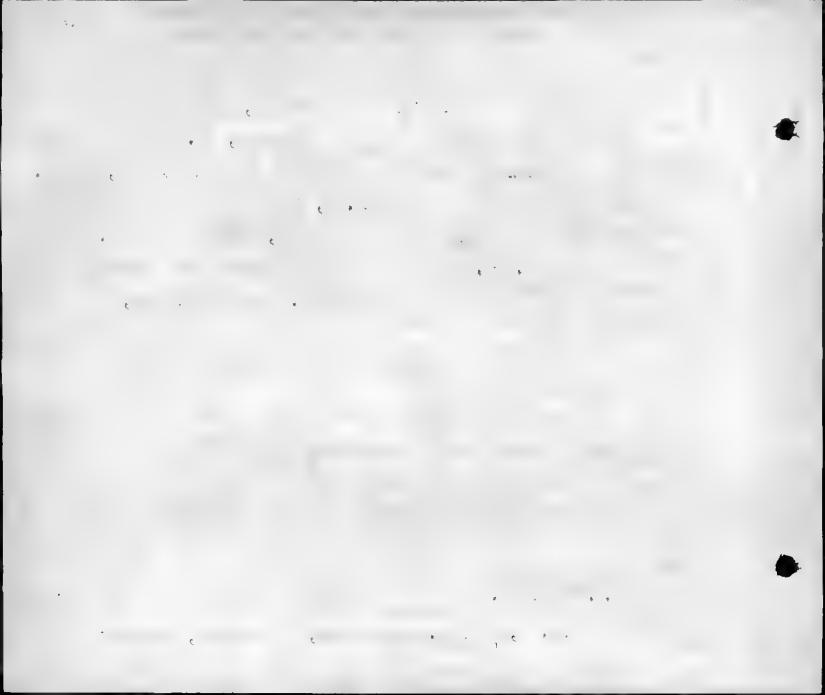
								Keg. Dist. No.	
	EDERICK		MARY						
OR TOWN (III out	RICK	RURAL		11				JRAL and give ne	orest town)
				,	d. STREET ADDRESS	leri.ck,	Md.		e. IS RESIDENCE ON A FARM? YES NO P
CEASED	First		LARE.		SCOTT'	4. DATE OF DEATH	August	14,00y	Year 19 5 9•
	7107			3.600	ATE OF BIRTH 10 27, 189	9.	AGE (In years III		IF UNDER 24 HRS. Hours Min.
SUAL OCCUPATION	(Give kind of work de			NOUSTRY				12. CITIZEN OF	WHAT COUNTRY?
THER'S NAME	George V	• You	. Iare	14			Ellen	Hamilton	1
NO DECEASED EVER	IN U.S. ARMED FOR yes, give war or dates of se	CES? 16. S	SOCIAL SECURITY NO.			Charles :	Riddlemo	ser,	
PART I. DEATH IM PRINT I DEATH IM PRINT I DEATH IM PRINT I DEATH IM Gardina i deat	WAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which le couse	- 54	1	'wo	und of s	kull		onsei 2	12 trss
PART II. OTHER	SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	IINALDISEASE CO	ONDITION GIVEN		WAS AUTOPSY PERFORMED? ES NO
OF DEATH.	WAS 205	DESCRIBE	HOW INJURY OCCUR	RED. (Ente	noture of injury in Po	rt I or Port II of i	item 18.)		
Hour a.m.	8,14 193	While of wor	k at work	foctory.	street, affice bldg., etc	unne Fr	- Lerie		uck Mcd
		_			_		- Indian		and find that
	BOTH) ()	· s ·	A	LD.				DATE SIGNED
	O.THOMAS,	107.)	Augus	t 16, 1959
URIAL, CREMATION,	22b. DATE THEREOF	7 50				22d LOCATIO			(State)
	A STATE OF THE PERSON NAMED IN	1 1 1	TTOUR PER		T LELIK	In the latest and the second	TINE I	arry and	
	CITY OR TOWN IN OUT ON	COUNTY FREDERICK CITY OR TOWN 1st ownside corporate limits, write and give natural manufactured corporate limits, write and give natural manufactured in the present of th	COUNTY FREDERICK CITY OR TOWN If outlide corporate limits, write RURAL and give particular ICK NAME OF HOSPITAL OR INSTITUTION (If not in hear FREDERICK MEMORIAL HIMME OF CEASED OF CEASED JULY OF TOWN IT OUTLINE TO THE WINDOWED ATTHER'S MAKE GOODGE V. MOC ASSUAL OCCUPATION (Give kind of work dane 10b. K THER'S NAME GOODGE V. MOC ATTHER'S NAME GOODGE V. MOC AS DECEASED EVER IN U. S. ARMED FORCES? 16. S NOW ARROWN) If you, give wor or dates of services will be a services of the	COUNTY FREDERICK CITY OR TOWN [If owhede corporate limits, write RURAL and give in present of the property of the present of	COUNTY FREDERICK CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b LIFETIME NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) FREDERICK MEMORIAL HOSPITAL MADE OF CEASED FOR THE WILL WILL WILL WILL WILL WILL WILL WIL	CITY OR TOWN II townide corporate limits, write RURAL and give process of the pro	COUNTY FREDERICK MARYLAND O. STATE MARYLAND O. CITY OR TOWN (If out-ide corporate linein, while RURAL C. LENGTH OF STAY IN 1b LIFETIME FREDERICK MEMORIAL HOSPITIAL O. STATE ADDRESS FREDERICK MEMORIAL HOSPITIAL Middle First LARE. SCOTT OF EATH O. STATE MARYLAND O.	COUNTY FREDERICK MARYLAND O. STATE MARYLAND O. S	COUNTY FREDERICK MARYLAND O. STATE MARYLAND D. COUNTY FREDERICK MARYLAND O. STATE IN D C. CITTO R TOWN [if outside corporate limits, write BURAL and gives new down of the property of t

VS. A15ME(5) 5M 9/55

or remayal.

TO DEPUTY MFDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is creasing, please eigenouse the certific of the pending in pending in pending in them 18. Give Pages 1, 2, and 3 to the funeral director and 2 willing the ward "pending" in pending in them 18. Give Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crematian,



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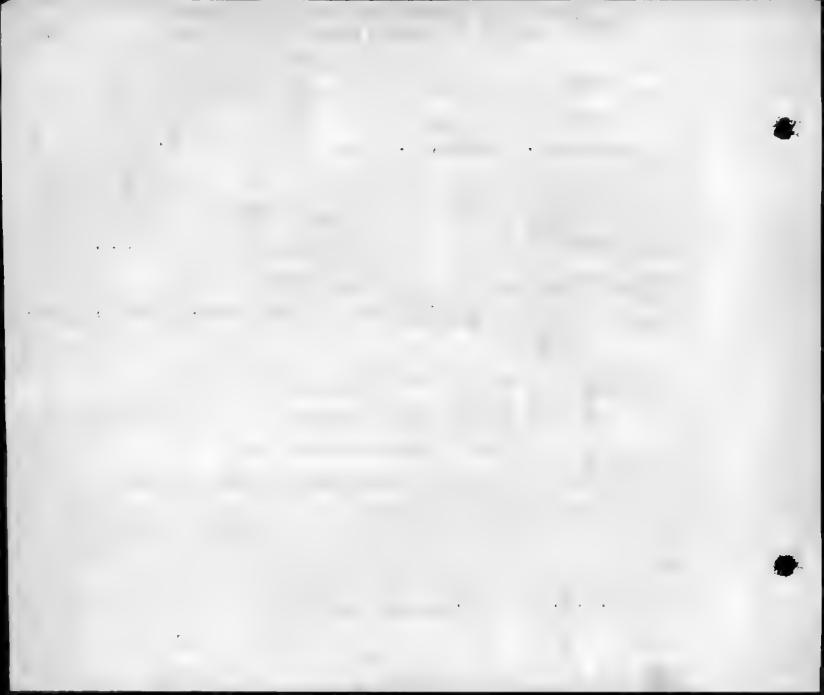
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09093

				Key, Dist. 140.
1. PLACE OF DEATH o. COUNTY		,		on: Residence before admission)
Frederick	MARYLAND	o. STATE Maryla	nd b. COUNTY	Frederick
b. CITY OR TOWN (If autode corporate limits, write RURAL and give necrost fewn).	LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write R	URAL and give nearest town)
Frederick		// Freder	ick	
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospita	I, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
		/ 1631 S	hookstown Rd.	ON A FARM?
	rick, Md.			
3. NAME OF First DECEASED (Type or print) William	Middle Henry Sc		OF August	1/1 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH		FUNDER TYEAR IF UNDER 24 HRS.
Male White WIDOWED		ebruary 28, 1	lost birthdoys	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINE	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Retired carpenter		Missouri		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	F	T UaDaka
Joseph Arnote 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOC	CIAL SECURITY NO. 17. INI	Katheryn FORMANT	Neill Address	
Tree, no, or unknown] Iff yes, give wer or detect of services	0 03 7 00 -			
unknown 52	9-01-1323 (Da	nghter) Ilene	Tillson, Pr	inceton, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), ond (c).]		DD	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	u shot u	round of	Shull	13 home
, K DUE TO		O		
Control of 1111				
gove rise to immediate cause				
(o), stoting the underlying DUETO				
	DISTINUE TO DEATH OUT AN	77 PP 1 VED TO THE TOUGHT 1	BUTANT COLID TION I CHICA	
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	MISSING TO DEATH SUL NO	DI KELATED TO THE TERMINA	DISEASE COMUITION GIVE	PERFORMED?
5				YES NO 🍱
PART II. OTHER SIGNIFICANT CONDITIONS CONT 20g. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.	OW INJURY OCCURRED. (En	ter nature of injury in Part I o	r Part II of item 18.)	
	Shot wome	nd up Skull	, Sell ently	rlad
20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. 5/1 7 1957 of while of work [IRY OCCURRED 20e. PLACE	E OF INJURY (Home, form,	Of. (City octown)	(County) (Store)
Hour o. m. 8/17 1959 While of work [Not while Roces	y, street, off ce bidg., etc.)	Frederick ?	Fred. A had
			7	There is
21. I certify that I took charge of the rem			」, Inspection 区,	Inquiry X, and find that
death resulted fram: Natural causes [_],	Accident [], Suici	ide 🔀, Hamicide 📙], Undetermined co	use .
17 0 1				DATE COLUMN
SIGNATURE SUCHE	as	M.D. CHIEF MEDICAL EXAM	NER 🗌	DATE SIGNED
		ASSISTANT MEDICAL E	XAMINER 🔲	
NAME (Type) Dr. B. O. Thomas S	r.	DEPUTY MEDICAL EXA	MINER-	August 16, 195
	. NAME OF CEMETERY OR C		LOCATION (City, town, or	
REMOVAL (Specify)	THORE OF COMETENT OR C	Number 1991		
Removal 8/16/59	ADDRESS		Princeton, M	
23. FUNERAL DIRECTOR'S SIGNATURE		orland 240. REC'D 81		RAR'S SIGNATURE
· tokest charles	rederick, Mar	TYLANG DATE AUG	1 8 '59 Chi	thur S. Krosek

VS. A15ME(5) 5M 9/55



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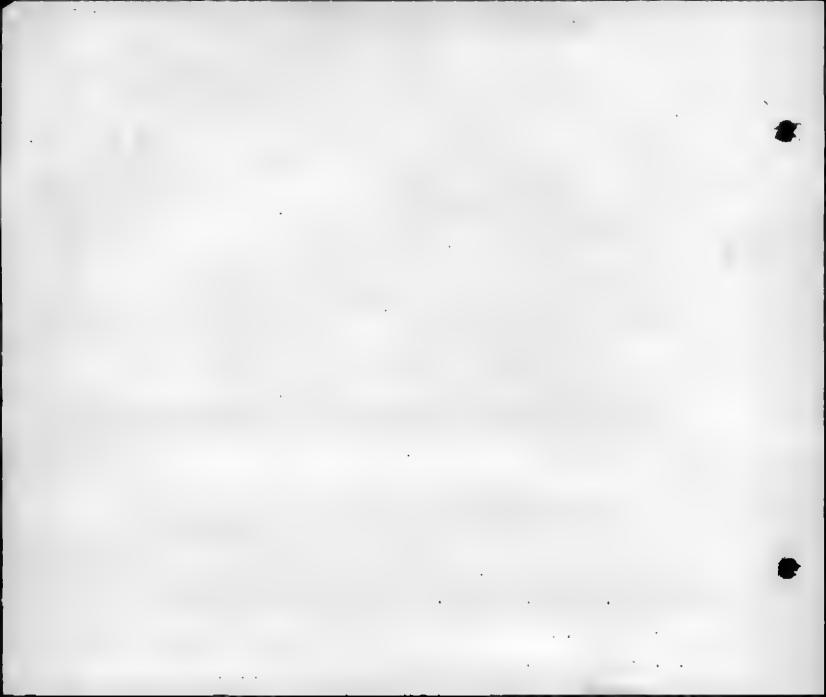
TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 10/57

9102 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		9102	Ite	m 6 Fil	RTIFIC	ATE OF L	DEATH	 	MOKE, I	Reg. Dis	-	9094
1,	PLACE OF DEATH	Frederick			MARYLAND	A STATE	Mary		ived. If institution b. COUNTY	_	ederic	
	Frederick			c. LENGTH OF Years		c. CITY OR		otside corporal erick	e limits, write RI	JRAL and g	ive nearest to	wn)
	or institution Frederick	At (if not in hospital, g	ive street Iospi	oddress) tal		d. STREET A		t Patri	ick Stre	et	e. 15 I ON YES	RESIDENCE NA FARMA NO POX
3.	NAME OF DECEASED (Type or print)	ALBER			MIS	SEE	GER	4. DATE OF DEATH	Augus		Day 14,	Yeor 19 59
V	sex (ale	Single	WIDOWI		ORCED	Februar	y 26,	1864	AGE (In years last-birthday) 95 yrs.		Days Hou	
100	during most of work	ON (Give kind of work king life, even if retired) [KIND OF BUSIN ailway I			yland		itry)	12. CITI	USA	AT COUNTRY
13.	FATHER'S NAME Pet	er Seeger				14. MOTHER'S	MAIDEN N		Woerner	,		
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR Jit yes, give war ar datas of s NO	ervice]	social securit None		iss Kathe	rine	Seeger.	-Same as		#2	
		mmediate (nd (c).]	un y	1	l ec	tm		INTERVAL ONSET A	BETWEEN ND DEATH
TIFICATION		AS UNDERLYING CAUSE OF DEATH				UT NOT RELATED TO				EN IN PART	1(a) 19, WA PER YES	REORMEDRY
MEDICAL CERT	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m	MEDICAL EXAMINER)	While	NJURY OCCURRE Not while k of work [D 20e	PLACE OF INJURY (foctory, street, affice	Home, form e bldg., etc.	20f. (City o	r town)	{C	ounty)	(Stole)
	actual signature Physician's	home	, 12.\$	Sign, and		th occurred at	12:30	PM, from ADDRESS (Street	et, city or town,	nd on th	ast saw the ne date sta 8/6	ne deceased ated above DATE SIGNED /59
220	NAME (Type) DT - BURIAL CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREC)F		CEMETERY	OR CREMATORY	Terton	22d. LOCATIO	N (City, town, o	r county)	(5	itote)
23.	Burial FUNERAL DIRECTOR		59	Mount (Olivet	Cemeter		Fred	derick,	TRAR'S SIG	Mary]	and
	M. R. Etch	ison & Son	, Fre	derick,	Maryl	and	DANUG			un S. H		



9103 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Pag Dist No

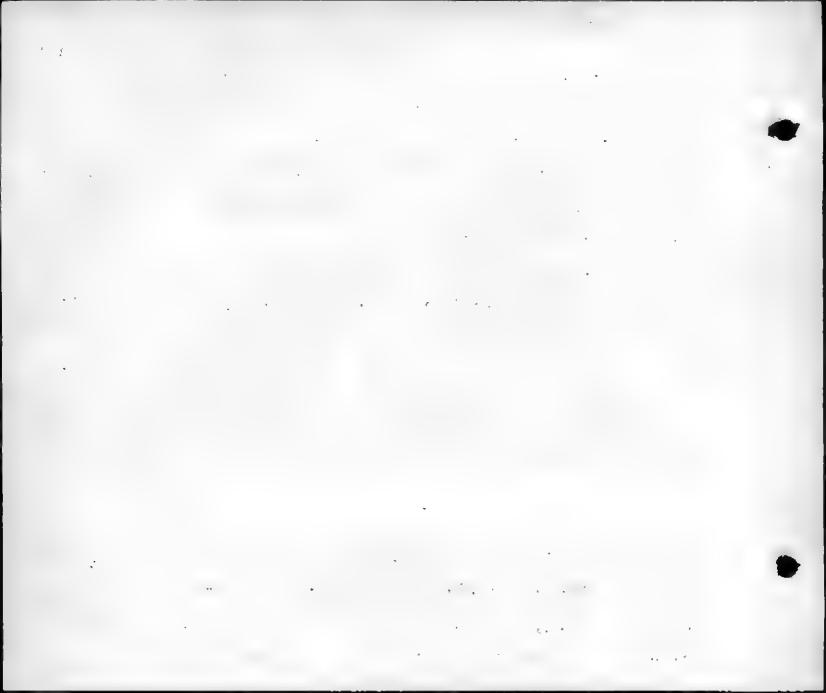
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											real pro	11 1101	
		PLACE OF DEATH COUNTY	Frederick		MAR	YLAND	2 USUAL RESI		ryland	ived. If institution b COUNTY		derick	
	1	CITY OR TOWN (IF RURAL and give no Frederic		, write	c. LENGTH OF STAY Years	IN 1b	e CITY OR		outside corpora edericl	te limits, write R	URAL ond gi	ive nearest	town)
	١.	OR INSTITUTION	AL (If not in hospital givecond Stree		ddress)		d. STREET A		Second	l Street	,	0	RESIDENCE N A FARM? NO 15
		NAME OF DECEASED (Type or print)	DORSE		Middle FRA	NKLI	SHI	PLEY	4. DATE OF DEATH	Mon Augu		24,	Yeor 19 59
		dale	White	WIDOWED	Frank .	ED 🗆	Februar	y 20,	1907	AGE (In years lost birthday) 52 yrs.		TYEAR IF U Doys Ho	NDER 24 HRS. urs Min.
	10a	during most of work Retired M	N (Give kind of work doing life, even if refired) erchant	one 10b. K	Sporting C	or indus	TRY 11. BIRTHPI	ACE (Stole Maryl	or foreign cou and	ntry)	12 CITIZ	USA	AT COUNTRY
	13.	FATHER'S NAME					14. MOTHER'S						
1	<u> </u>		F. Shipley					Fanny	Easter				
/	15, (Yes		IN U. S. ARMED FORCE	vica)	1-10-1891		FORMANT 3. Virgi	nia (. Ship	Ley -Sam		Item /	/2
			TH [Enter only one court WAS CAUSED BY IMMEDIATE CAUSE (c)	se per line	far (a), (b), and (c)	1						INTERVA ONSET A	L BETWEEN ND DEATH
		181.0 Conditions, if on	DUE TO	C	arcin	m	i of	74	le b	ladd	er	2	yes
		gove rise to in couse (a), stating t lying couse last.	mediate Dist	E	stense	wi	ma	ost	seis				
١	CERTIFICATION	PART II. OTH	ER SIGNIFICANT COND	ITIONS <u>CC</u>	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERM	INAL DISEASE (CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
		200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	06 DESCI	RIBE HOW INJURY C	OCCURRED	(Enter nature o	f injury in	Port I or Port I	l af item 18.)			
	MEDICAL	Hour o.m.	Month, Doy, Year	20d. IN. While of work	JURY OCCURRED Nat while of wark		CE OF INJURY (ory, street, offic			r town)	(Co	aunty)	(State
		21. I certify the olive on A	of I offended the	decease		May t deoth		5:00/	M, from th	19.5.7 ie couses on	d on the	dote sto	ted obove
		ACTUAL SIGNATURE	Cobert 2	9.	Crow	L.	Shop		Lenter	et, city or town,	state)	- 4	DATE SIGNED
		PHYSICIAN'S NAME (Type)	Robert B. C		h,MB.	·	Free	lerich	c, Mary	Land		· · · · · · · · · · · · · · · · · · ·	0 tr-00 tr-10 tr tr 1
	220 B1	BURIAL, CREMATION REMOVAL (Specify)	Aug. 27, 19		22c, NAME OF CEN Mount Old			7	Frede:	on (City, town, o		Maryl	(Stote) and
	-	FUNERAL DIRECTOR'S		_	ADDRESS			24a. REC	D BY REGISTRA		STRAR'S SIG		
	1	M. R. Etch	ison & Son,	Free	derick, Ma	aryLa	nd	DATE	AUG 28'	59 (arthur .	S. Heave	4

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, or death. Page 4 may be retain by the hospital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in may event within 72 hours often death.

VS A15 (4) 15M 9/5B



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haust

TO HOSPITAL OR

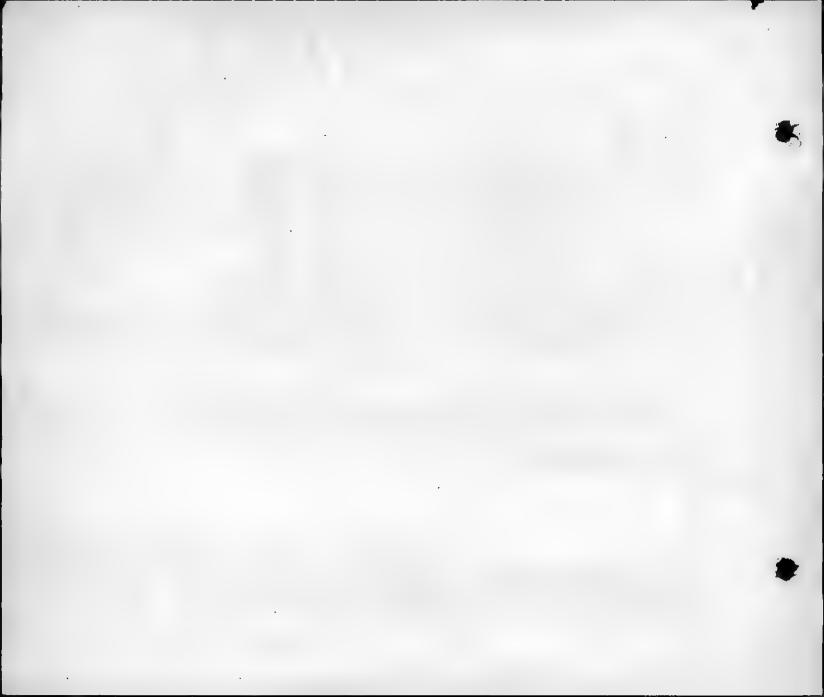
VS M15 (4) 15HI 10/57

deoth! Page 4

9132 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

				Keg. Disi, I	10.
1. PLACE OF DEATH O COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WI		nstitution: Residence be	fore odmission)
	ENGTH OF STAY IN 16	E CITY OR TOWN (IF C	outside corporate limits,	write RURAL and give r	redrest town)
VELS T Went in hospital, give street and	tosputal	d STREET ADDRESS	Water	121	e, IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Harry	Middle	Shuckhazt	4. DATE OF DEATH	Month 8	Day Year S
5. SEX 6. COLOR OR RACE 7/ MARRIED WIDOWED	DIVORCED DIV	B. DATE OF BIRTH	1876 9. AGE (In lost bird)		AR IF UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRM 11 BIRTHPLACE (STOTE Maryl	ar foreign country)	12. CITIZEN	S, HOUNTE
13. FATHER'S NAME Shuckh	ant	14. MOTHER'S MAIDEN I	YAME Geis		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SO (Yes no. of unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO 17	NFORMANT CILL	en Hosp	Hal R	cen d
IB. CAUSE OF DEATH Enter only one couse per line f PART F. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (o), (b), and (c).]	Tuberen	locis	IN OI	NSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), staling the under-lying couse lost.	•				
Part If. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port for Part II of item	18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJU White of work	IRY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or town)	(Count	y) (State)
21. I certify that I attended the deceased alive on 8 1910	from 5/13	occurred at 100	1	959, that I last uses and on the d	
ACTUAL THE THE SIGNATURE		40 Victor C	ADDRESS (Street, city or	ate Hosp	L PRISIGNE
PHYSICIAN'S NAME (Typo)		Cullen	, md	~	
REMOVAL (Specify) {	c. NAME OF CEMETERY OF Frostburg H		22d. location (city. Frostbu	rg, Maryla	(Store)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNAT	URE



d∎ath. Page 4

may be retained the haspital ar attending physician.

• FUNERAL DISCORT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ITTINDING PAYSICIAN: The low requires that the death certifinate by executed within 24 hours

TO HOSPITAL OF may be retain TO FUNERAL D

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	Jan-12-	9104		CERTII	FICA	ATE OF D	EATH	1		Reg.	Dist. No		UJI
	o. COUNTY	Frederick		MARYI	AND	o. STATE	ence (wa		d lived. If institut 6 COUNTY	,	idence belo ederic		sion)
	b. CITY OR TOWN (I RURAL and give no Frederic	f outside corporate limit arest town) C	, write	Since 8-1				Rocks	rate limits, write	RURAL a	and give ne	anest lowr	1)
	d. NAME OF HOSPIT OR INSTITUTION Frederick	At (If not in hospital, gi Memorial Ho	sp i ta	oddress) al		d. STREET A	DDRESS						FARMAN NO TO
	3. NAME OF DECEASED (Type or print)	Fin NO		Middle HUER	KY	SIGAF(4. DATE OF DEATH	Mo Augu	ist	16	,	Year 1959
	s. sex Female	White	WIDOWE			8. DATE OF BIRTH October 2	29,188		9. AGE (In years lost birthday) yrs	Monti	DER I YEAR hs Days	Hours	Min.
1	during most of work House—wo	ON (Give kind of work ding life, even if retired) PK	one 10b.	At Home	NDUS	TRY 11. BIRTHPL	Mary	or foreign or Land	ountry)	12.	CITIZEN C	SA SA	COUNTRY
1	3. FATHER'S NAME Chi	arles W. Wr	ight			14. MOTHER'S Maj		iame ne Bro	משת				
	(Yes, no, or unknown)	R IN U. S. ARMED FORG (If yes, give wor or dutes of se NO	ES? 16. rvice)	SOCIAL SECURITY NO.		ormant ss Ocale	C. W	right-		iress 3 Ita	em #2		
		ITH [Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ise per lin	ne for (0), (b), and (c).]	7	y ford	1.0	712			ON	ERVAL BE SET AND	DEATH
	Conditions, if a gove rise to it cotse (a), stating lying couse last.	mmediale (Poloce		mote	4-1	2. seen.	y Wee.	in the state of th	۵	+ ,2-	1/=
	PART II. OTH	IER SIGNIFICANT CON	ONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	YEN IN	PART I(a)	PERFO	AUTOPSY PRMED?
	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CURRED). (Enter nature of	Finjury in P	ort I or Por	t II of item 18.)				
	20c, TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while at work	20e. PLA fac	ACE OF INJURY (I lory, street, office	lome, form bldg., etc.	. 20f. (City)	or town)		(County)		(State)
	21. I certify the alive an	at I attended the		ed fram, and that	death	accurred at.		_M, from	n the causes treet, city or town	and a	t I last so n the da	te state	decease ed above ATE SIGNE
	PHYSICIAN'S NAME (Type)	Rex R. Mart	in,	M.D.	7	11.5		, Mary					
	220 BURIAL CREMATIO REMOVAL (Specify)	Aug .19,19		22c. NAME OF CEME St. Paul	_				TION (City, town.		* *	(Stote	e)
	23. FUNERAL DIRECTOR	s signature	Fr	ADDRESS ederick, Ma	rvl	and		BY REGIST			SIGNATU	RE	



(5210

Thurmont, Md.

VS A15ME(5) SM 9/55

aymond

24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 5 Cirthur & Kings

09098

. IS RESIDENCE

YES NO T

Year

ON A FARM?

19 59

Reg. Dist. No.

Manths

Frederick

IF UNDER TYPAR IF UNDER 24 HRS. Days

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

(Caunty)

Inquiry

PERFORMED? NO [

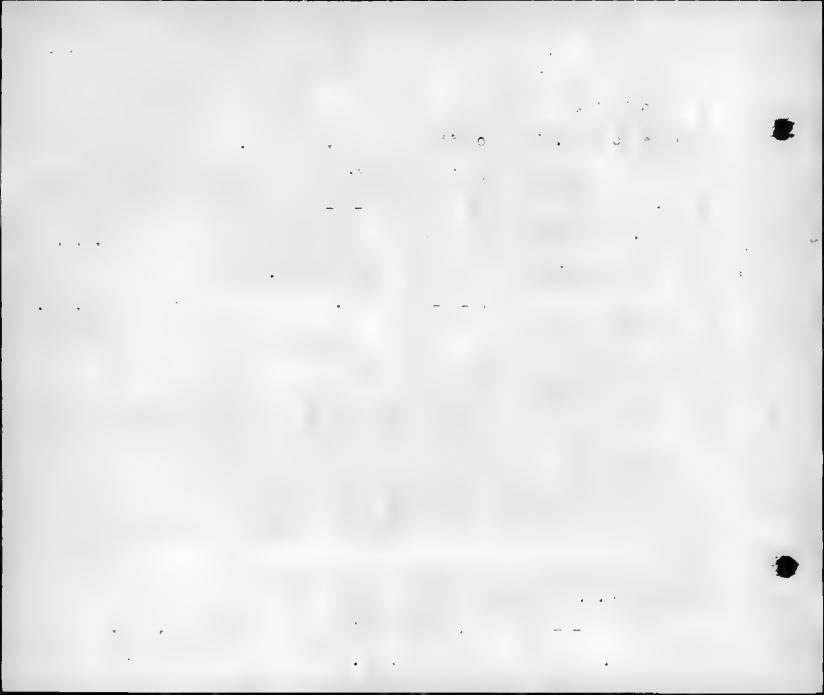
ond find that

DATE SIGNED

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physician

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FUNER

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VS A15 (4) 15M 9/55

prior

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death.



OR STATE HEALTH DEPT.

67

TO DEPUTY MEMICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is secusary, please execute the case, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral action. Page 4 should be retwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 2, your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours ofter death.

VS ATSME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Ban Disk Ma

-												Key. DI	M. 140.	****	
	COUNTY Free	lerick			м	ARYLAND	2. USUAL RI	Mary.			If imitial		nce before		n)
b. CITY OR TOWN (*) outs de cerporate lambs, withe RURAL C				c k	Years	TAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL of				RURAL and	give ne	arest lawn)		
L		cick Memor:				idress)	d. STREET	ADDRESS 30-A	East	Fourt	h St	reet		e IS RESID ON A FA	ARA-2
t	NAME OF First DECEASED (Type or print) GEORGE		HENRY S			SOUDER	DUDER 4. DATE OF DEATH			Month Duy Year August 9, 1959			59		
5. S	^{EX} Male	6 COLOR OR RACE White		RRIED [NEVER MAI		1 Dec	- 0		9 AGE IN lout b rith	years day)		-	Hours M	
<u>_</u> d	100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Retired Driver Bi			Ob. KIND OF BUSINESS OR INDUSTR Bus Company			11 B RTHPLACE (State or foreign country) Maryland				12. CIT ZEN OF WHAT COUNTRY?				
13	13 FATHER'S NAME					14. MOTHER'S MAIDEN NAME									
G	George C. Souder					Charlotte H. Grimes									
15. (Yan,	WAS DECEASED EVE no, or unknown) Yes	R IN U. S ARMED FO	PRCES?		L SECURITY	I I	S. M. H	elen	Souder		Address 1e as	iter	ı #2)	
	PART I. DEAT ACCO. Canditions, if ar gove rise to immed (e), stating the u cause last.	nderlying DUE TO	, C	orona	ry Thr	ombos				- Vanadaran-			M	AL DETWEEN AND DEATH	Table 1
CERTIFICATION		ER SIGNIFICANT CON										N IN PART	111	PERFORME	
	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING []	OP DE20	CRIBE HOV	V INJURY OC	CORRED (E	nter nature of i	injury in For	Ji ar Part II	of item 18)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Ye	V	Vbile	Y OCCURRED Not white at work	fact	CE OF INJURY ary, street, office	(Home, farm e bidg., elc.	20f (Cil	y or lown)		(Cou	niy)	(S	ilote)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry and in my opinion death resulted fram: Natural causes Accident, Suicide, Homicide, Undetermined monner														
	ACTUAL SIGNATURE	BODE	27.	720	20			MEDICAL EX	-					DATE SIGN	€D
	EXAMINER'S NAME (Type) B. O. Thomas, M. D. Deputy medical examiner 11 Aug 1959														
220		8-12-59		22c. 1	NAME OF CE		CREMATORY Cemeter		22d LOCA	TION (City,		r county)		(State)	
	FUNERAL DIRECTOR		2 E		ADDRESS	lowel o	nd .	24a, REC'	D BY REGIS	TRAR 24	b REGIST	RAR'S SIG	NATURE	description and	-
1	me tre Poci	nison & Sor	L et	reder	TOK, I	ar. Arg	щ	DATELIG	1 3 '59	}	Chatt	9 4			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9108 **CERTIFICATE OF DEATH** 75

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Reg. Dist. No.

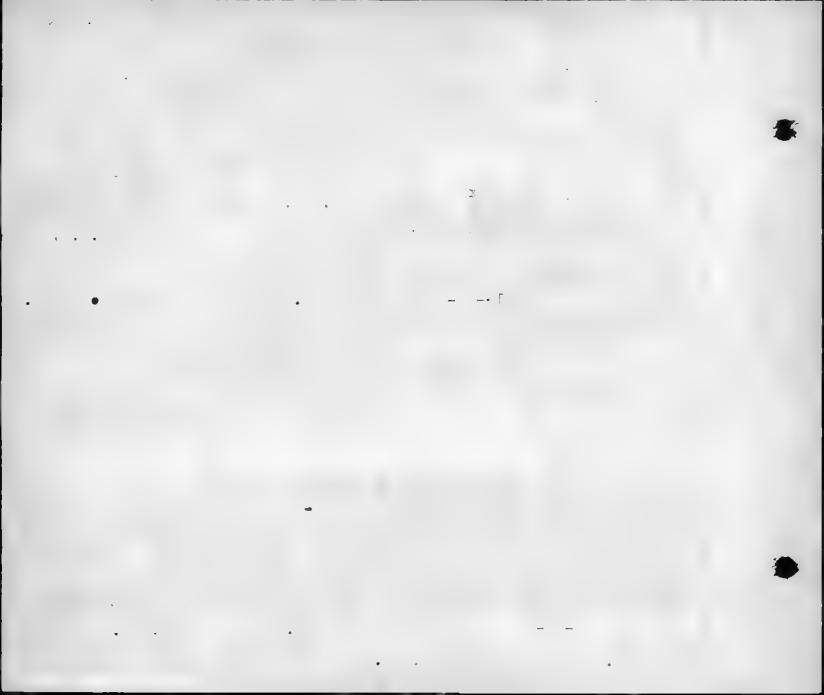
1.	o. COUNTY Frederick	MARYLAND	2. USUAL RESID a. STATE	ENCE (Where deceased Maryla)		-	erick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 2 Weeks		OWN (If outside corpo urmont	rote limits, write RU	RAL and give neare	si lown)
	d. NAME OF HOSPITAL (If not in hospital, give street of Prinspirution Frederick Memorial I		/ d. STREET AC	r Street			IS RESIDENCE ON A FARM? YES NO K
3	NAME OF DECEASED (Type or print) OrV//C	Middle 5	tackh	OUSE 4. DATE OF DEATH	0 -	st 11	Year 19 59
	male white widowe		Sept.	16, 1919	lost birthdoy)	Months Days	Hours Min
10	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	kind of Business OR INDU Gas Station	STRY 11. BIRTHPU	CE (Stote or foreign of aryland	ountry)		WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME			
	Carl Stackhouse			atherine			
15. 17.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	+-16-1810	Thelma	Y. Stack	house Addre	"Thurm•	nt, Md.
-	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. [b] DUE TO [c]	leno care	iona o	1 the g	allla	De 1	VAL BETWEEN AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE				` '	WAS AUTOPSY PERFORMED? (ES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While p. m. 19	Not white fa	ACE OF INJURY ()- ctory, street, office	lome, form, 20f. (City bldg., etc.)	or town)	(County)	(State)
	21. I certify that I attended the decease alive an P// 19 V C SIGNATURE Denny V C C PHYSICIAN'S MAME (Type) // 27 - 4 V C	ed from 7/27 19., and that death Chase	M.D. 4E			nd an the date	
22	o. Burial, Cremation, 226. Daty Thereof BENEVAL (Specify) 8-14-59	United Bre	R CREMATORY	22d. LOCA	TION (City, 10wn, or Thurmont	• •	(State)
23 D	FUNERAL DIRECTOR'S SIGNATURE CLEAN	ADDRESS		240, REC'D BY REGIST	TRAR 24b. REGIST	RAR'S SIGNATURE	

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be retain. If the hospital or attending physician.

2 FUNERAL DIV, COR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIV TO HOSPITAL OR VS A15 (4) 1SM 9/S5

funeral director, ald be-filed with

ter death. Page 4





Aug. 28, 1959

M. R. Etchison & Son, Frederick, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

22c NAME OF CEMETERY OR CREMATOR

Mount Olivet Cemet

03103

15 RESIDENCE

ON A FARMS

YES THE NO

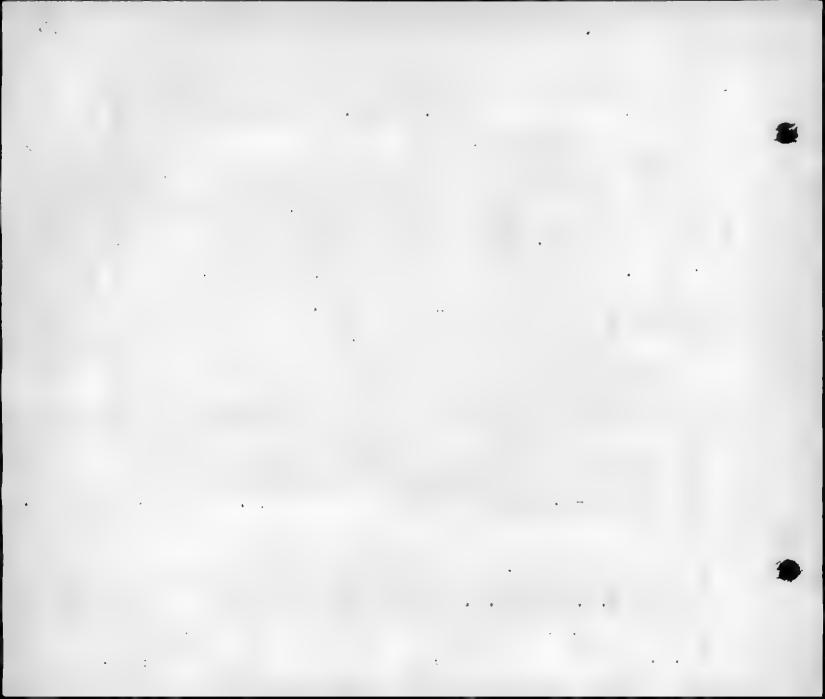
1959

Frederick

BIRTH		Jast birthdoy)	IF UNDER I	TEAR		K Z4 MK2			
ery 26,	1892	of pirthdoy) yrs.	Months	Doys	Hours	Min.			
THPLACE (State	or foreign o	12. CITIZ	12. CITIZEN OF WHAT COUNTRY?						
Maryla		Ū	SA						
ER'S MAIDEN N	IAME								
Sue Ma	athias	1							
		Addre							
ise G. 1	homas	-Same as	Item	#2					
au	id	ent			RVAL BE				
selent	2 in /4	kart de	موروسوارر	, ,	year	<u> </u>			
D TO THE TERMI	NAL D SEAS	E CONDITION GIVI	IN IN PART	1(a) 1		AUTOPSY RMED?			
re of injury in f	art I or Por	t II of item 18.)							
RY (Home, form office bldg., etc.				ounly)		(Stote)			
ot8:30F	M, fram ADDRESS (S	the causes and treet, city or town, seet	d on the	date	stated	abave. E SIGNED			
derick,	Maryl	Land							
e ry	rec Fred	TION (C ty town o	r county)	Maı	ylar	nd			
24a. REC*I	BY REGIST	TRAR 24b REGIS	TRAR'S SIG	NATU	RE				
DATHIG	2.8 '59	Calle	1 8 40	net A.					

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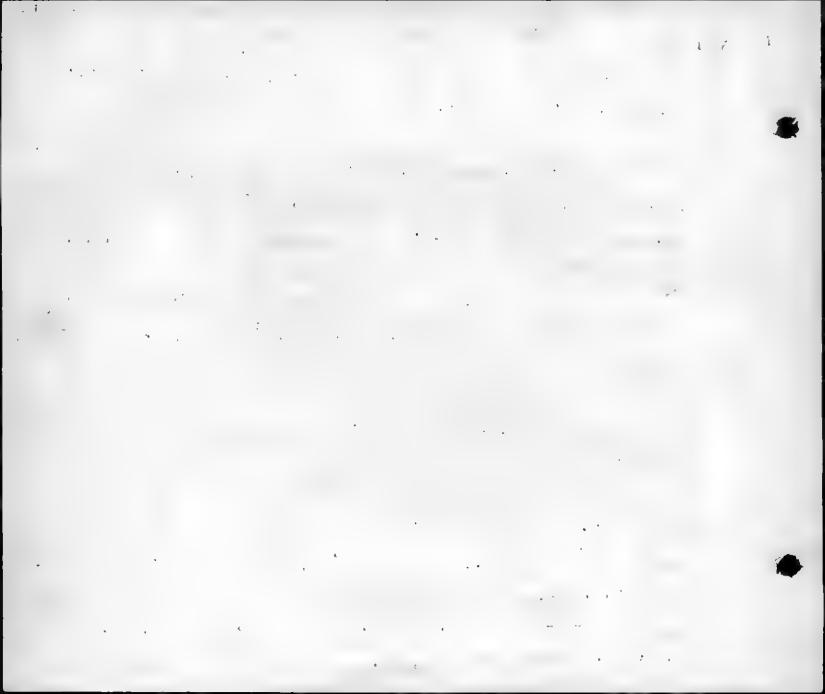
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funeral 57

nay be retaine FUNERAL DIR 0 VS A15 (4) 1SM 9/SB

Raymond E. Creager



VS A15 (4) 15M 9/5B 9137

CERTIFICATE OF DEATH

Reg. Dist. No.

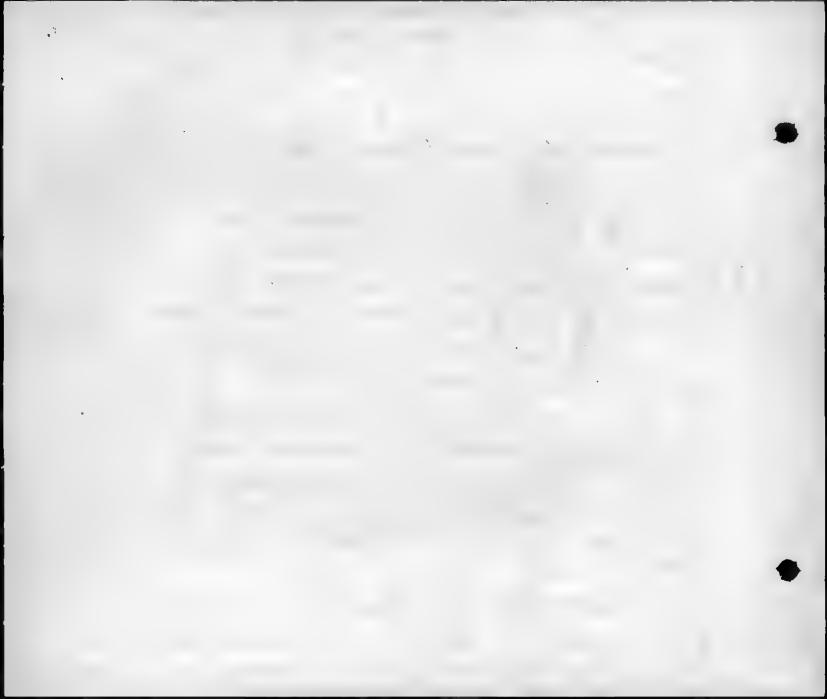
ь.		0201						red: pisi: idi	D.
1	PLACE OF DEATH COUNTY Frederic	k	MARYLAND		arylan	e deceased lived	C C 4 12 4 12 4	Residence bef	
	b CITY OR TOWN (If ourside FRURAL and give negrest to	corporate limits, write RD#6	c LENGTH OF STAY IN 16 29 Years		,	side corporate lir .ck=Rura.	. 11 4	AL and give n	earest tawn)
	d NAME OF HOSPITAL (IF no QUILING ROAD	at in hospital, give street	oddress)	d. STREET A	odress uinn R	load			e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	WILLIAM	Middle LEWIS	WACHTER		OF DEATH	Manth	_	2, Year 1959
5		OR OR RACE 7. MARR	RIED 🔏 NEVER MARRIED 🗌	B. DATE OF BIRTH		9. AG		Months Days	Hours Min
10	Oa. USUAL OCCUPATION (Give during most of working life, FATTHET	kind of wark dane 10b. even if retired)	kind of Business or Indu	JSTRY 11. BIRTHPL Mar	ACE (State or yland	fareign country)		12.CITIZEN C	OF WHAT COUNTRY
1:	Granville L	Wachter		14. MOTHER'S Flor		• Stup			
1:	5. WAS DECEASED EVER IN U. Yes, no, or unknown) (If yes, giv	and the state of the second second		informant	S. Wac	hter (Sa	Addres		ı)
	Canditions, if any, whi gove rise to immedia cause (a), stating the underlying cause last.	CAUSED BY: DUE TO Ch Ole One One One One One One One One One On	weren vasa	of Here	luc	me		2	SET AND DEATH
ACITA TICA			CRIBE HOW INJURY OCCURRI					v IN PART I(a)	PERFORMED?
		ISE OF DEATH	EKIBE HOW INJUKT OCCURRI	co. (chiel noisie o	i injury in ro	11 7 41 1011 11 01	118111 12.7		
MEDICAL	20c TIME OF INJURY Mont Haur o.m. p. m	th, Doy, Year 20d. If While at war	Not while fo	LACE OF INJURY (octory, street, office	Home, form, bldg , etc.)	20f. (City or to	vn)	(Caunt)	y} (Stote
	21. I certify that I all alive on	tiended the deceas		h occurred at_	AL AL	A, from the coorses (Street, coet St.	auses and	on the dal	tw the deceased te stated above DATE SIGNED Aug 1959
	PHYSICIAN'S B. O.	Thomas, M.	D.	Frede	rick,	Md.			
2	BURIAL (Specify) 8	B-25-59	Mount Olivet			Frederi	ck, Mar	yland	(State)
23	M. R. Etchisor		ADDRESS derick, Maryla	and		BY REGISTRAR 3 2 5 '59		RAR'S SIGNATI	



9109 CERTIFICATE OF DEATH Reg. Dist. No. filed with director, Poge / 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission). o. COUNTY o. STATE 6 COUNTY -MARYIAND Titte ue les death. io. b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 7210 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES [] NO [~ NAME OF Middle DATE 100 Month Day Year DECEASED OF Type or print) DEATH ON 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO AGE (In yours lost birthday) IF UNDER I YEAR IF UNDER 24 HR DATE OF BIRTH Months Days Hours DIVORCED | WIDOWED 12 popers. YES. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? **BIRTHPLACE** (Stole or foreign country) during most of working life, even if retired) puo arbon 13 FATHER'S NAME Ä 14 MOTHER'S MAIDEN NAME certificote mave i 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2 ending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART F. DEATH WAS CAUSED BY:

FMMEDIATE CAUSE FOR 5-10 min DUE TO ۾ Conditions, if ony, which gove rise to immediate per **DUE TO** couse (a), stoting the underlying couse lost. PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES [NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bidg., etc.) o. m. While Not while at work [7] at work 19.5 2 that I last saw the deceased 21. I certify that I attended the deceased fram, and that death fram the causes and an the date stated above. ö ADDRESS (Street, city or ACTUAL prior should 0 PHYSICIAN'S NAME (Type) FUNER C 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county (Stote) poge REMOVAL (Specify) O 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 [4] Olythun 8 15M 9/55 R 159

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VE. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	io mi	tem Il FilmG247	8-28-59 et			Reg. Di	ist. No.	
	rederick	MARYLA	O STATE	CE (Where dece Marylan	osed lived. If institu d. b. COUNT		derick	mission)
and give nearest to	(H outside corporate limits, write to pero) : Heights	Hour			rporete timits, write ural – R.F		I give nearest	lown)
	errat or institution (if waleigh Deve	not in hospital, give street address) Lopement	d. STREET ADDRE		reek Road		OI	RESIDENCE NA FARM? NO
3. NAME OF DECEASED (Type or print)	ALVEY	DOUB Middle	YOUNG, JR	4. DATE OF DEATH	Augus		13,	Y-959
5. SEX Male	2071. J. A	MARRIED NEVER MARRIED WIDOWED DIVORCED		5, 1933	9. AGE In years 25 yrs.	IF UNDER Months	TYEAR IF UN Days Hours	IDER 24 HRS.
100. USUAL OCCUPA during most of wor Farmer	TION (Give kind of work do king life, even if retired)	Farming	DUSTRY 11. BIRTHPLACE (4111 -	country) nna .		ZEN OF WHA	T COUNTRY
13. FATHER'S NAME ALV	rey Doub Youn	g, Sr.	14. MOTHER'S MAIN					
15. WAS DECEASED (Yes, re, er unknown)	EVER IN U. S. ARMED FORCE (III year, give wor or dates of see	enica)	7. INFORMANT ITUALVEY D. J	Young,Sr	-Same as	Item	#2	
PART t. DE 929. 8 Conditions, if gave rise to imm (a), stating the course last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ony, which mediate cause underlying DUE TO (c)	per line for (a), (b), and (c).] DROWNING					interval better onsil and e	utes
5		ITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PAR		ORMED?
-	ONTRIBUTING [Drowned in Pond of			of item 18.)			
20c. TIME OF IN	n.	While Not while	PLACE OF INJURY (Home, factory, street, affice bldg.rawby 5 Lal	., efc.)	ly or hown) ddock Hgt	(Cou	red.	(Stole) Md.
		af the remains described a atural causes . Acciden		hough.	Inspection X, e , Undete	Inquir rmined n	- Indian	nd in my
ACTUAL SIGNATUREEXAMINER'S NAME (Type)	B. O. Thom	as. M.D.	ASSISTANT M	EAL EXAMINER E EDICAL EXAMIN	ER [8/18	SIGNED 159
	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		ATION (City, 10wn, o			o'•) ryland
23. FUNERAL DIRECTO M. R. Et		ADDRESS I, Frederick, Mary	rland	REC'D BY REGIS		STHAR'S SIG		

4 MEDICAL EXAMINER'S CRETITION TO DEPENT THE RESERVE OF THE PARTY OF THE And the second s 鬱

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	9110	0.5	CERTII	FICA	TE OF DEATH	1		Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY Frederick MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Frederick							
b. CITY OR TOWN (RURAL and give or Frederic		s, write	50 years	N 1b	c. CITY OR TOWN (if o		orate limits, write RU	JRAL ond g	ive nearest	town)	
d. NAME OF HOSPIT OR INSTITUTION Wynelle Nu	ral (If not in hospital, g	ive street od	dress)		d. STREET ADDRESS 530 Tr	ail A	venue			RESIDENCE	
3. NAME OF DECEASED (Type or print)	CUF	ris	THOMAS		Z IMMERMAN	4. DATE OF DEATH	Mont Augus		16,	1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	D □ NEVER MARRIEI □ DIVORCED		B. DATE OF BIRTH November 13,1	.864	9. AGE (In years birthdoy)			INDER 24 HRS.	
Farming	king life, even if refired)	ione 10b. Ki	ND OF BUSINESS OF	RINDUS	TRY 11. BIRTHPLACE (Stote Maryland		country)	12. CITI		HAT COUNTRY	
13. FATHER'S NAME	T. Zimmern				14. MOTHER'S MAIDEN N		ronise				
PART I. DEA H46 X Conditions, if o gove rise to i couse (o), stoting lying couse lost,	the under-	use per line	l'ephron	cles	• Mamie C. Ar				See	ar)	
20a. ACCIDENT WA	AS UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OC	CURRED). (Enter nature of injury in I	Port I or Pa	rt II of item 18.)			П моД	
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of work [Not while_		CE OF INJURY (Home, form lary, street, office bldg., etc.		y or town)	(C	ounty)	(State)	
21. I certify the alive on	ames B. The	19.5	oner,	death	occurred at 1:15A Profession Frederick	nal Bu	itreet, city or town, s	nd on th			
270. BURIAL, CREMANO REMOVAL (Specify)			22c. NAME OF CEME				TION (City, town, o	r county)	Marvi	Stole)	

24g. REC'D BY REGISTRAR

DATEUG 2 4 '59

24b. REGISTRAR'S SIGNATURE

arthur & Kings

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by "funeral director, page 3 thould be detached for use as the borial-transit permit. Then pleas remare carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, as remaval, and in any event within 72 hours piles, death. TO FUNERAL DI VS A15 (4) 15M 10/57

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs



23. FUNERAL DIRECTOR'S SIGNATURE

R. Etchison & Son, Frederick, Maryland

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